



CENTRAL FLORIDA HOME BREWERS MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL : _____

REFERRED BY: _____

DO YOU BREW? _____ IF YES, HOW LONG? _____

WHAT STYLE OF BEER DO YOU PREFER TO BREW? _____

WHAT STYLE WOULD YOU LIKE MOST TO LEARN ABOUT? _____

I understand participation in the CENTRAL FLORIDA HOME BREWERS, INC. (CFHB) is entirely voluntary.

I understand that being a member of CFHB requires me to be at least 21 years old.

I understand that participation in CFHB may involve consumption of any alcoholic beverages and that it may affect my perceptions and reactions.

I understand and accept responsibility for my conduct, behavior and actions, and absolve CFHB, the American Homebrewers Association (AHA), CFHB officials and other participants of responsibility for my conduct, behavior and actions.

Signature _____