



**Join The CLA™
Membership Registration
Please complete and return
with your check payable to CLA to:**

3630 Gardens Parkway, Suite 203C Palm Beach Gardens, FL 33410

Name _____

Primary Phone _____ **Alt. Phone** _____

Home Address _____

Alternate Address _____

Gender _____ **Email** _____

Playing Level: ___ Beginner ___ Intermediate ___ Advanced

I give permission for the Canasta League of America to include my information in the CLA Directory and permit the CLA to share my information with other Canasta Players. CLA will not use your information for any other purpose or give it to any other organization. It is solely to connect with other CLA members. _____ YES ___ NO

Annual Membership - \$28.00 ~ Life Membership - \$100.00