

**APPLICATION FOR MEMBERSHIP
FLORIDA 500 CLUB**

EMAIL: fla500sec@aol.com WEB SITE: www.florida500club.org

Last Name First Middle USBC ID #

Address () Contact Phone Number Date

City State Zip Code

Local 500 Club _____ EMail _____

Member of a Local 500 Club Yes No

Member of National 500 Club Yes No

Verified by League or Tournament Official Score Date

Membership Fee \$10.00

Emblem \$4.00

Club Pin \$4.00

Replacement Card \$4.00

Make Check Payable to:
FLORIDA 500 CLUB

Mail to:
DONNA OBERG

Send Membership to:

731 Conch Shell Manor

Applicant _____ 500 Secretary _____

Plantation, Florida 33324-2901

APPLICANT RECEIPT

Name: _____

Address: _____

City: _____ State: _____ ZipCode: _____

I HAVE COLLECTED THE \$ _____ TOTAL AMOUNT.

Membership Fee \$10.00

Emblem \$4.00

Club Pin \$4.00

Replacement Card \$4.00

Official's Signature _____

Address _____ City: _____ State: _____ Zip: _____