

# FLORIDA 500 CLUB INC.

## APPLICATION FOR MEMBERSHIP

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(Last Name) (First) (Middle Initial)

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(Street Address)

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(City) (Zip)

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(Phone) (Email)

Are you a member of a local 500 Club? Yes \_\_\_\_\_ No \_\_\_\_\_

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(Name of Local 500 Club) (Membership Number)

Are you a member of the National 500 Club? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Membership Number)

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(Verified by league or tournament official) (Score) (Date)

\_\_\_\_\_ Membership Fee \$10.00      \_\_\_\_\_ Replacement Card \$5.00      \_\_\_\_\_ Emblem \$5.00  
\_\_\_\_\_ Club Pin \$5.00

Make check payable to: FLORIDA 500 CLUB INC.

Mail to: Kim-Ann Britt  
Florida 500 Club, Inc.  
15406 Woodway Dr  
Tampa FL 33613

Contact Information:

Telephone: 813-841-5577

Email: [fla500sec@gmail.com](mailto:fla500sec@gmail.com)