FLORIDA 500 CLUB INC. AUXILIARY APPLICATION *

PLEASE TYPE or PRINT:	Date:	
Name of Candidate:		
Address:		
Address: (Street)	(City)	(Zip)
Telephone: (Home)	(Cell)	
Email Address:(This is a re	equirement of all Board Meml	pers)
Memberships:	equite in or air Board 1910ing	340)
Florida 500 Club: Membership Number		How many years?
Are you willing to fulfill the dutie	es of the office?	
Are you willing to attend Board N	Meetings two (2) per year?	<u> </u>
Are you willing to attend the Ann	ual Board Meeting and Annua	al Meeting?
Are you willing to assist during the	ne Annual Tournament?	<u></u>
Do you have a working knowledg	ge of the Florida 500 Club By	Laws?
Do you have a working knowledg	ge of the USBC Rules?	<u></u>
Are you an Officer or Director in	any other local or national bo	wling organization?
If Yes: Name of Organization		
Position(s) Held:		
Name of Organization		
Position(s) Held:		

Deadline: July 1 for submission of application.

Mail to: Kim-Ann Britt, Florida 500 Club, Inc., 15406 Woodway Dr., Tampa FL 33613 Email: fla500sec@gmail.com

• Auxiliary Membership is only open to those females (gender assigned at birth) that have achieved a 500 series.

Revised: 7/26/2025