



Please send this Application along with a **check made payable to SFDGC**  
in the amount of \$25.00 for one or \$45.00 for two members

**MEMBERSHIP APPLICATION**

Mail to:

**Peter Hill**

**5844 SW 48th St**

**Miami, FL 33155**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BIRTHDAY(M/D): \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WHAT DO YOU COLLECT?: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_