



NOV 2017 Rv2

### SWFLABRITS MEMBERSHIP APPLICATION

#### APPLICANT INFORMATION - FEES ARE DUE 1<sup>ST</sup> JANUARY EACH NEW YEAR

|                  |        |           |
|------------------|--------|-----------|
| Name:            |        |           |
| Home Phone:      |        | Cell No:  |
| Current address: |        |           |
| City:            | State: | ZIP Code: |
| Email1:          |        | Email2:   |

#### EMERGENCY CONTACT - OPTIONAL

|   |        |           |
|---|--------|-----------|
| Name of a relative not residing with you: |        |           |
| Address:                                  |        | Phone:    |
| City:                                     | State: | ZIP Code: |
| Relationship:                             |        | Email:    |

#### SPOUSE INFORMATION IF JOINT MEMBERSHIP

|             |  |  |
|-------------|--|--|
| Name:       |  |  |
| Cell Phone: |  |  |

#### MEMBERSHIP PAYMENT DETAILS - \$25 PER INDIVIDUAL MEMBER

|   |     |             |                   |              |    |         |
|---|-----|-------------|-------------------|--------------|----|---------|
| Single Member:  | YES | NO          | Joint Membership: | YES          | NO | Amount: |
| Payment: <b>Please make Checks out the <a href="#">British America Club of SWFL</a> We currently do not accept Credit or debit Card payments)</b> |     |             |                   |              |    |         |
| CASH:   |     |             | CHECK:            | CHK #: _____ |    |         |
| Received by:<br>(PRINT NAME)  |     | (SIGNATURE) |                   |              |    |         |

#### SIGNATURES

I/We agree to abide by the rules and bylaws of the British America Club of South West Florida. At club events members take pictures of the festivities, and to advertise the Club these photos are sometimes used on the Club Website, social media and membership drives. By signing this application below I/we agree to allow the club to use any appropriate acceptable pictures of ourselves without prior notification.

Please check this box  if you wish to be contacted before we use any photograph or you.

|   |  |       |
|---|--|-------|
| Signature of applicant:                               |  | Date: |
| Signature of spouse (only if for a joint membership): |  | Date: |

