TAMPA BAY BEACH BOPPERS MEMBERSHIP APPLICATION

NAME		BIRTH MONTH	DAY
ADDRESS			APT #
CITY		STATE	ZIP
HOME PH		WORK PH	
HOME/WORK FAX		INTERNET:	
E-MAIL:			
_		OT WANT IN THE CLUB MEMBERSHI TO ANY COMMITTEES YOU WOUL	
AUDIT	CHARITIES	MEMBERSHIP	DANCE INSTRUCTION
SOCIAL	WEB PAGE	NEWS LETTER	PARLIMENTARIAN
MUSIC	ELECTION	PUBLICITY	WAYS & MEANS
BY	LAWS	BOOGIE HIS	TORIAN
	Annual dues are from	EWAL MEMBERSHIP \$30 - CHA January through December of each renew at \$30. After January 31st, the	ı year.
SIGNATURE:		DATE: _	
MA	IL YOUR CHECK PAYAB	LE TO TBBB WITH THIS COMPLET	TED APPLICATION:
	ТВВ	B MEMBERSHIP COMMITTEE	
		P. O. BOX 270694 TAMPA, FL 33688 – 0694	
	Our website: <u>w</u>	ww.tampabaybeachboppers.com	
QUES	STIONS? Contact: Memb	ership Committee; email: TBBBBo	ard@aol.com

OFFICE USE: CHECK #_____ AMT \$_____ MEMBER #____ DATE ____