

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: _____

PLEASE CIRCLE ANY INFORMATION YOU DO NOT WANT IN THE CLUB MEMBERSHIP DIRECTORY AND/OR NEWSLETTER. PLACE A CHECK MARK NEXT TO ANY COMMITTEES YOU WOULD LIKE TO SERVE.

____ AUDIT ____ CHARITIES ____ MEMBERSHIP ____ DANCE INSTRUCTION
____ SOCIAL ____ WEB PAGE ____ NEWS LETTER ____ PARLIMENTARIAN
____ MUSIC ____ ELECTION ____ PUBLICITY ____ WAYS & MEANS
____ BYLAWS ____ BOOGIE ____ HISTORIAN

NEW MEMBER DUES \$35 ANNUAL DUES \$30 CHARTER MEMBER DUES \$20

Annual dues are from January through December of each year.

SIGNATURE: _____ DATE: ____/____/____

MAIL YOUR CHECK PAYABLE TO TBBB WITH THIS COMPLETED APPLICATION:

TBBB MEMBERSHIP COMMITTEE

P. O. BOX 270694
TAMPA, FL 33688 – 0694

Our website: www.tampabaybeachboppers.com

QUESTIONS? Contact Samantha Spiegel email: sadaspi@aol.com

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