

**APPLICATION FOR MEMBERSHIP
FLORIDA 500 CLUB**

Last Name _____ First _____ Middle _____ USBC ID # _____
Address _____ Area Code _____ Phone No. _____ Date _____
City _____ State _____ Zip _____
Local 500 Club _____ Email _____
Member of a Local 500 Club Yes No Member of National 500 Club Yes No

Verified by league or tournament official _____ Score _____ Date _____
 Membership Fee \$10.00 Emblem \$4.00 Club Pin \$4.00
 Replacement Card \$4.00

Make check payable to: **FLORIDA 500 CLUB** Mail to: **DONNA L. OBERG**
Send Membership To: _____ 731 Conch Shell Manor
Applicant _____ 500 Secretary _____ Plantation, Florida 33324-2901

APPLICANT RECEIPT

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
I have collected the \$ _____ total amount.
 Membership Fee \$10.00 Emblem \$4.00 Club Pin \$4.00
 Replacement Card \$4.00
Official's Signature _____
Address: _____ City: _____ State: _____ Zip: _____
Email: fla500sec@aol.com Web Site: www.florida500club.org