



Post Office Box 355  
Graham, Florida 32042

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**MEMBERSHIP APPLICATION 2018**

- Individual / Family \$300.00
- Group \$800.00

Purchase Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

If family or Group members – please list names:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please review all entitlements of the membership you are interested in prior to purchasing.*

**If paying with a credit card:**

Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

CVV Code: \_\_\_\_\_

*All memberships expire on the 31<sup>st</sup> of December 2018.*