



Post Office Box 355  
Graham, Florida 32042

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MEMBERSHIP APPLICATION 2020

- 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 2020.***