

MEMBERSHIP APPLICATION Please Print

Name _____

Address _____

City _____ St _____ Zip _____

IF NOT FULL TIME FL RESIDENT OTHER ADDRESS:

Address _____

City _____ St _____ Zip _____

Months in FL _____

Phone _____

Email _____

DUES: Please check a category

Family \$20 _____

Couple \$17 _____

Single \$15 _____

Child joining alone \$8 _____

Make checks out to: FOSSIL CLUB OF LEE CO.

and mail to: 2124 HARVARD AVE. SE
FORT MYERS, FL 33907

