



2017 Membership Renewal Form

Please complete all information below.

Name: _____ Membership ID: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____ Work Phone: _____

Home Phone: _____ Date of Birth: _____

Employer: _____ Driver's License #: _____

Email: _____

How did you hear about FGTC: _____

Areas of Interest

Check all applicable events/committees for which you would like to volunteer to serve on.

<input type="checkbox"/>	Dart Tournament
<input type="checkbox"/>	Luau at the Lake
<input type="checkbox"/>	Fishing Tournament
<input type="checkbox"/>	Golf Tournament
<input type="checkbox"/>	Family Days
<input type="checkbox"/>	Swampfest
<input type="checkbox"/>	Bus Trip Committee
<input type="checkbox"/>	Raffle Committee
<input type="checkbox"/>	Ticket Committee
<input type="checkbox"/>	Membership Committee
<input type="checkbox"/>	Award Banquet
<input type="checkbox"/>	Tailgates

I have read page (2) and by signing below, I agree to abide by the Fightin' Gator Touchdown Club, Code of Conduct & Ticket Polices and authorize the club to use my email for business purposes unless otherwise indicated.

Signature

Date