

Application for Club Membership

FLORIDA SHUFFLEBOARD ASSOCIATION, INC.

APPLICATION FOR MEMBERSHIP

Date _____

The undersigned club or municipality applies for membership in the FLORIDA SHUFFLEBOARD ASSOCIATION, INC., and if accepted in membership agrees to abide by the Constitution, ByLaws and Rules of said Association.

NAME _____

LOCATION _____

NUMBER OF COURTS _____ NUMBER OF MEMBERS _____

NAME OF PRESIDENT _____

ADDRESS _____ TERM EXPIRES _____

NAME OF SECRETARY _____

ADDRESS _____

DATE _____ CLUB or MUNICIPALITY _____

AMOUNT OF DUES RECEIVED _____ BY _____

APPROVED _____

PRESIDENT OF _____ DISTRICT