



## FRIENDS OF TIGERTAIL BEACH MEMBERSHIP APPLICATION

Name \_\_\_\_\_  
Florida Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address \_\_\_\_\_

Alternate address for seasonal members:  
\_\_\_\_\_

From: (date) to: (date) \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Annual membership includes all in family (tax deductible) 1 Year (\$20.00) 3 Yrs (\$50.00)  
Total number in family \_\_\_\_\_

Please remit this form with your check payable to Friends of Tigertail Beach to:

**Friends of Tigertail Beach, Inc.  
P.O. Box 722  
Marco Island, FL 34146**

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."