

## Friends of Tigertail Membership Application



Name(s): \_\_\_\_\_

Florida Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Alternate address for seasonal members:

From: (date) \_\_\_\_\_ To: (date) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Membership and annual dues (tax deductible):

\_\_\_ 1 Year (\$20.00) \_\_\_ 3 Years (\$50.00)

\_\_\_\_\_ Total number in family or household

New

Renewal

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

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