

**TBTC Membership  
Application or Renewal**

Please bring or mail to:

**TBTC**  
**2079 Range Road**  
**Clearwater FL 33765**

Membership Type (\$50): New \_\_\_\_\_ Renewal \_\_\_\_\_

Contact Information:

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Member ID# (Leave blank if new membership) \_\_\_\_\_

E-Mail \_\_\_\_\_

Add or Renew Associate Membership? (Add \$20 / year) \_\_\_\_\_

Enter Associate Name and ID#, if existing member \_\_\_\_\_

New Member Information:

If you are renewing your membership and your information has changed, please update below.

Street address \_\_\_\_\_

Apt # \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

IMPORTANT: Referring Member Information

How did you hear of us? TBTC Member \_\_\_\_\_ TBTC Website \_\_\_\_\_ Other website \_\_\_\_\_

Please enter the name of the Member who invited you to join.

Referred By (Leave blank if none) \_\_\_\_\_

Please make checks payable to TBTC.

Any notes, a message or a donation: (a separate check for a donation is best).

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