

APPLICATION FOR 2019 TGSS MEMBERSHIP

Owner: \$125.00___ Driver: \$140.00 ___ Driver/Owner\$175.00___

Includes \$50,000 Excess Medical Benefit & Ambulance Runs
Insurance Program

Check the appropriate MEMBERSHIP and send with the proper
amount of money to:

TGSS 6333 Burts Road Tampa, FL 33619

PLEASE PRINT

Name: _____ Car# _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

Owner or driver only. SS# or FED. TAX# _____