



### **APPLICATION FOR 2015 TGSS MEMBERSHIP**

**Owner: \$105.00 \_\_\_ Driver: \$120.00 \_\_\_ Driver/Owner: \$155.00 \_\_\_**

**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#**