

APPLICATION FOR 2018 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# \_\_\_\_\_