

APPLICATION FOR 2020 TGSS MEMBERSHIP

Owner: \$110.00__ Driver: \$150.00 __ Driver/Owner\$200.00__
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#_____