

## Membership Application

Date:			
Name:			
Profession/Line of W	<sup>7</sup> ork:		
Relationship:	🗌 Alumni (Year	)	□ Friend
Application Type:	□ New □	Renewal	
How were you referre	ed to our chapter?		
Address:			
City:		State:	Zip:
Phone:		Email:	
I am interested in	helping with the	e following	:
Student Recruitment			□ Alumni Social Events
□ Game Day Viewing Events			Crimson Classic Golf Tournament
🔲 Tampa Bay C	rimson Tide Comr	nunications	
Annual Dues	are \$25 per person	or \$35 per fa	mily, payable by May 1st of each year.
	Please make	e checks pay	able and mail to:
	Tam	npa Bay Crin P.O. Box Lutz, FL 3	2673
For addition	al information, pleas	se contact mer	mbership@tampabaycrimsontide.com.

Visit tampabaycrimsontide.com and join our Facebook group "Tampa Bay Crimson Tide"