

APPLICATION FOR 2021 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# _____

Please check:

___Cash

___Check

___Credit Card

___PayPal

Please make PayPal Payments to
TGSPRINTS77@GMAIL.COM

*****NOTE WHEN MAKING PAYPAL PAYMENTS
PLEASE ADD IN THE NOTES WHAT MEMBERSHIP
YOU ARE PAYING FOR AND ADD YOUR FULL NAME.**