APPLICATION FOR 2021 TGSS MEMBERSHIP

Owner: \$110.00	_ Driver: \$150.00	Driver/Owner\$200.00_	
Includes \$50,000 Exc	ess Medical Benefit	& Ambulance Runs Insur	ance Program
Check the appropriato:	te MEMBERSHIP and	I send with the proper an	nount of money
TGSS			
6333 Burts Road			
Tampa, FL 33619			
	PLEAS	E PRINT	
Name:			
Car#:			
Address:			
City:	State:	Zip:	
Phone: ()		
Email:			
Owner or driver only	. SS# or FED. TAX#		
Please check:			
Cash			
Check			
PayPal Please n	nake PayPal Paymen	ts to TGSPRINTS77@GM	AIL.COM
***************************************	VINC DAVDAL DAVA	TENTS DI FASE ADD IN TH	I NOTEC MULAT

***NOTE WHEN MAKING PAYPAL PAYMENTS PLEASE ADD IN THE NOTES WHAT MEMBERSHIP YOU ARE PAYING FOR AND ADD YOUR FULL NAME, ALSO PLEASE SELECT FRIENDS AND FAMILY WHEN MAKING PAYPAL PAYMENT