

**APPLICATION FOR 2024 TGSS MEMBERSHIP**

Owner: \$125.00 \_\_\_\_ 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**

**11108 Riverview Dr**

**Riverview, FL 33578**

**PLEASE PRINT**

Name: \_\_\_\_\_

Car#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Owner or driver only. SS# or FED. TAX# \_\_\_\_\_

Please check:

\_\_\_\_ Cash

\_\_\_\_ Check