

APPLICATION FOR 2026 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