CHAPTER MEMBERSHIP APPLICATION

GULF COAST EAGLES

NATIONAL ***SMART*** NUMBER_____NATIONAL DUES EXP. DATE_____

YOU MUST BE A MEMBER OF THE ***S*M*A*R*T*** TRAVEL CLUB TO BE ELIGIBLE TO JOIN A CHAPTER

_____ _____ ____ _____
LAST NAME FIRST MI SPOUSE

_____ _____ _____ _____
STREET ADDRESS – P.0. BOX CITY STATE ZIP CODE

_____ _____ _____
TELEPHONE (w/area code) CELL PHONE (optional) E-MAIL

_____ _____ _____
MILITARY SERVICE, BRANCH ACTIVE RETIRED

_____ _____ _____
BIRTHDAY (m/d) SPOUSE BIRTHDAY (m/d) ANNIVERSARY (m/d/y)

_____
SIGNATURE

Please enclose $ 10.00 Annual Dues (01 January through 31 December)

Make check payable to: *GULF COAST EAGLES* CHAPTER

Return to Chapter Treasurer:
Ruth Schilk
1406 Carswell St.
Port Charlotte, FL 33953
Tel. (941) 661-8586

----------Below Completed by Chapter----------

_____ _____
Received Date Signature Chapter Treasurer

_____
Signature Chapter Secretary

C#_____DATE_____