

# FLORIDA SHUFFLEBOARD ASSOCIATION, INC

## APPLICATION FOR MEMBERSHIP

Date\_\_\_\_\_

The undersigned club or municipality applies for membership in the FLORIDA SHUFFLEBOARD ASSOCIATION, INC., and if accepted in membership agrees to abide by the Constitution, Bylaws and Rules of said Association.

NAME\_\_\_\_\_

LOCATION\_\_\_\_\_

NUMBER OF COURTS\_\_\_\_\_ NUMBER OF MEMBERS\_\_\_\_\_

FEE- NUMBER OF COURTS X \$2.00 = \$\_\_\_\_\_

NAME OF PRESIDENT\_\_\_\_\_

ADDRESS\_\_\_\_\_

NAME OF SECRETARY \_\_\_\_\_

ADDRESS\_\_\_\_\_

DATE\_\_\_\_\_ SIGNED\_\_\_\_\_

FOR FLORIDA SHUFFLEBOARD ASSOCIATION,INC. [FSA] USE

AMOUNT OF DUES RECEIVED\_\_\_\_\_ BY\_\_\_\_\_

APPROVED\_\_\_\_\_

PRESIDENT OF\_\_\_\_\_ DISTRICT

Please remit dues to:

Central District Treasurer  
C/O Michael Seyfer  
35302 Small Oaks Way  
Zephyrhills, FL 33541

Note: Upon approval, a membership certificate will be mailed to the Club/Municipality President.