

TROPICAL FRUIT SOCIETY OF SARASOTA

Membership Application

Please print clearly

Date: ____/____/____

Check one: ____ New Member ____ Renewal

Name: _____

Family Members: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ - _____

Email address: _____

- Dues: ____ \$100 Lifetime Member
 ____ \$30 Family Membership
 ____ \$20 Individual Membership
 ____ \$10 Partial year - Individual (July-Dec) New Members Only
 ____ \$15 Partial year - Family (July-Dec) New Members Only

Choose Payment Method:

____ cash ____ check ____ debit card

How did you FIRST hear about THE TROPICAL FRUIT SOCIETY of SARASOTA?

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Treasurer's Use Only:

- ____ payment of dues posted
____ contact info entered into database
____ contact info to chairman