



Membership Form

Please complete and mail this form to:

Joe Voskerichian, Executive Director
Gold Shield Foundation, Inc.
P.O. Box 271791
Tampa, FL. 33688-1797

Membership Application for Hillsborough, Pinellas, Citrus, Hernando, Pasco, Polk & Marion Counties

I hereby make application for membership in the Gold Shield Foundation, Inc., subject to its bylaws, rules and regulations.

Your Name:	Your Spouse:
Address:	Phone:
City:	County:
State:	Zip Code:

Business Affiliation:

Company:	Your Title:
Address:	Phone:
City:	County:
State:	Zip Code:

I am enclosing my \$100.00 initiation fee. By signing below I understand that hereafter my dues will be \$100.00 annually.

Name of sponsoring member supporting this application:

Name:

I agree and understand that I will not use this membership, if granted, to obtain favors in connection with the violation of any law or ordinance.

Signature:
