



FGRA, Inc.

P. O. Box 13001

St. Petersburg, Florida 33733-3001

Visit our website: www.fgra.org

New Member Application Form

Revised: Aug 2014

Please be aware that your receipt from FGRA, Inc. will only be in the name of the Primary Member!

Name of Primary Member [First & Last Name]:

Address:

City:

State:

Zip [5 digit]:

Primary Phone:

Alternate Phone:

Date of Birth:

Email Address:

Name Desired for Badge 1:

Standard Memberships	<input type="checkbox"/> Single \$25 / yr
	<input type="checkbox"/> Family \$40 / yr
	<input type="checkbox"/> Corporate \$75 / yr

	Silver Spur -- \$100 / yr	Gold Spur -- \$200 / yr	Platinum Spur -- \$500 / yr
Premium Memberships	<input type="checkbox"/> Single	<input type="checkbox"/> Single	<input type="checkbox"/> Single
	<input type="checkbox"/> Family	<input type="checkbox"/> Family	<input type="checkbox"/> Family
	<input type="checkbox"/> Corporate	<input type="checkbox"/> Corporate	<input type="checkbox"/> Corporate

Credit or Debit Card Number

Expiration: MM / YY

CVCC#

Check

Check #:

TERMS OF ACCEPTANCE FOR MEMBERSHIP IN FGRA, INC.:

I/We agree to the Terms of Acceptance for Membership in FGRA, Inc.

I/We certify that the individuals listed on this form are at least 21 years of age and agree to conduct themselves in accordance with the By-Laws, Rules and Regulations of FGRA, Inc. Furthermore, I/we agree to hold harmless FGRA, Inc. from any and all damage, injury, or death which might occur to the applicant(s) or their property before, during or after any function involving FGRA, Inc. I/we understand that failure to honor the commitments set forth herein or to fail to pay dues may result in termination of membership. If paying by credit or debit card, I/we authorize FGRA, Inc. to charge the designated card for the amount of membership stipulated above. I/We understand that membership fees are considered donations and there are no refunds unless specifically designated by circumstances set forth in the FGRA, Inc. By-Laws and Policies.

Signature:

Date:

If this is a Family membership, please provide the following information for your Family Member:

Name of Family Member [First & Last Name]:

Address, if different from above:

City:

State:

Zip [5 digit]:

Email Address:

Name Desired for Badge 2:

FGRA is a 501(c)(3) Charitable Organization

Date of Birth:

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

Registration Number: CH21666