



# Membership Application

Mail completed form and payment to: TBFC, P.O. Box 280447, Tampa, FL 33682-0447, or turn in to the Treasurer at any TBFC event.

New or  Renewal

Select type of membership:

Single \$22

Family \$28

Student \$15

International \$45

How did you hear about TBFC? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Fossil Interest: \_\_\_\_\_

For **Family Membership**, please list up to two (2) adults above, and any children living in your house hold under the age of eighteen (18) with their birth year below.

Name: _____	DOB: / /	Name: _____	DOB: / /
Name: _____	DOB: / /	Name: _____	DOB: / /
Name: _____	DOB: / /	Name: _____	DOB: / /

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