

PRINT THIS FORM AND MAIL IN
PARLIAMENT TRAVEL CLUB

MEMBERSHIP REGISTRATION FORM

NAME: _____ **SPOUSE:** _____
 LAST **FIRST** **FIRST**

WINTER ADDRESS: _____
 STREET

 CITY **STATE** **ZIP**

SUMMER ADDRESS: _____
 STREET

 CITY **STATE** **ZIP**

TELEPHONE:(winter) _____ **(summer)** _____
 (service date) _____ **(service date)** _____

CELLULAR: _____

EMAIL: _____

BIRTHDAYS:(his) _____ **(hers)** _____
 MO. **DAY** **MO.** **DAY**

ANNIVERSARY _____
 MO **DAY** **YEAR**

HOBBIES: _____

COACH _____
 MAKE **LENGTH**

FMCA# _____

DUES: **Annual \$35.00**

(make check payable to Parliament Travel Club)

RETURN TO: PARLIAMENT TRAVEL CLUB
ATT: PAT MITCHELL
13790B ROOSEVELT BLVD
CLEARWATER, FL 33762