

FLORIDA AMATEUR DRIVING CLUB
MEMBERSHIP APPLICATION

NAME: _____ DOB _____

ADDRESS _____

PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

USTA # _____ FSBOA # _____

TYPE OF LICENSE HELD _____ YEARS LICENSED _____

HAS LICENSE EVERY BEEN REVOKED OR SUSPENDED _____ IF YES,

PLEASE EXPLAIN ON SEPARATE SHEET.

DO YOU CURRENTLY OWN A RACE HORSE _____ ?

NEW MEMEBERSHIP \$200.00 _____ RENEWAL \$100.00 _____

MAKE CHECK PAYABLE TO: FADC

THE INFORMATION PROVIDED ON THIS APPLICATION FOR MEMBERSHIP IS TRUE AND CORRECT. IF ACCEPTED, ANY MISSTATEMENT OR OMISSION OF FACT ON THIS APPLICATION MAY RESULT IN DISMISSAL AND EXPULSION FROM THE FLORIDA AMATEUR DRIVING CLUB.

SIGNATURE _____ DATED _____

MAIL APPLICATION TO:

FADC

C/O Tom Eichas

9270 Yearling Dr

Lake Worth, FL. 33467

Or Give to a Club Officer