



GEORGIA BULLDOG CLUB OF JACKSONVILLE



Membership Application Form (please type or print for clarity)

First Name: _____ Last: _____

Spouse: _____ Kids: _____

Address: _____ Unit: _____

City: _____ St: _____ Zip: _____

Home Phone: (_____) _____ - _____ JBC# _____
(Prior Member)

Main Email: _____ @ _____

Alt Phone: (_____) _____ - _____ Ext: _____

Alt Email: _____ @ _____

Referral: _____ UGA Assoc: _____
(New Members) (Ad, Member, Website, UGA, etc) (Grad(Yr), Fan, etc)

Membership: Covers _____ Adults (Select Club Plan Below)
(4 max)

_____ Local Family (\$45)

_____ Local Single (\$30)
(Covers One Person)

_____ Out of Town Family (\$35)
(Same residency/Max 4 Adults)

_____ Out of Town Single (\$25)
(Covers one Person)

Make check payable to:

-OR- Pay by Credit Card:

*The Georgia Bulldog Club of Jacksonville
Post Office Box 16363
Jacksonville, Florida 32245*

Visa: _____ MasterCard: _____

Acct: _____

***** Exp Date: MM _____ / YY _____

Note: Membership runs from
Today thru December 31st

Signed: _____

Check our website (www.jaxbulldogs.com) for Club Membership Entitlements!!!