

**TRAVEL CLUB MEMBERSHIP FORM**

**NEW:** \_\_\_\_\_ **RENEW:** \_\_\_\_\_

Name(s): \_\_\_\_\_

Second name if needed: \_\_\_\_\_

SOLIVITA ADDRESS: \_\_\_\_\_ Full or Part Time: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Checks are payable to **"Solivita Travel Club"**. Please return this form with \$15 dues per person at monthly meeting or by mail to the address below. Signup period from October 1 until March 1. New residents (<6 months residency) may sign up at any time.

*Mail Form and Check to this Address:*

**Solivita Travel Club**  
**P.O. Box 580343**  
**Poinciana FL 34758**

*Office Use Only:*

*Amount:* \_\_\_\_\_

*CK# / CASH* \_\_\_\_\_

*Paid date:* \_\_\_\_\_

**Visit our Website for news, trips and more: <http://www.solivitatravelclub.org>**