

Shell Club Membership Application

Please print, complete this form, and mail with the membership fees to:

St. Petersburg Shell Club

P.O. Box 3472

Seminole, FL 33775

Name: _____

Email: _____

Phone: _____

Address: _____

City: _____ **State:** _____

Zip-Code: _____ **Birth Date:** _____

Email: _____

Type of Membership:

Family Membership \$20.00 _____

Individual Membership \$15.00 _____

Tell us your primary interest in shells.

Thanks!!