**SPANISH AMERICAN CLUB OF THE VILLAGES**

**Spanishclubtv.com**

**Membership Application or Renewal Form**

\_\_\_\_\_New Member\_\_\_\_\_Renewa**l** Date**:** \_\_\_\_/\_\_\_\_/ 22

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellular number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resident ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ancestry Origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellular number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resident ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:

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Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_, FL Zip Code: \_\_\_\_\_\_\_\_\_

***Eligibility for membership in this Club requires that applicants reside in The Villages.***

 Please mail this application to:

Manuel R. del Valle

8190 SE 174th Lapham Ln., The Villages, FL 32162

Tel. 305-778-8608 Email: **Manuelpr@outlook.com**

**Reminder, please add the club email to your**

**contacts:** **villagesspanishamericanclub@gmail.com**

Signature of applicant or member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant or member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print name and signature)

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