



SEMINOLE CLUB of NORTH TEXAS Membership Application

Name: _____ Grad. Yr. _____

Address _____

City: _____ State _____ Zip: _____

Email: _____ @ _____

Phone: _____ Cell: _____

Business/Company: _____

Employment Specialty: _____

Spouse Information: FSU Grad: Yes _____ No: _____

Name: _____

Email: _____ @ _____

Phone: _____ Cell: _____

_____ Individual Membership \$30.00

_____ Family Membership \$35.00

_____ Scholarship Donation \$ _____

Total:

Cash: _____

Check No. _____ (payable to Seminole Club of North Texas)

Mail to
Seminole Club of North Texas
P.O. Box 803749
Dallas, TX 75380-3749