

Application for Membership

Name:		
Address:		
Home Phone:	Cell Phone:	
Email:		
Birthday (month/day)	Facebook Name_	
	er - Name?:	
Name of Spouse:		
Agency Spouse currently wo	orks for:	
	gencyTotal Years in Lav	
Marriage/Relationship Anniv	ersary Date:	
Number of Children	Ages:	
Current Affiliations (clubs, ch	nurches, schools etc.):	
List any hobbies or talents: _		
-	of the organization that you are in reach, board of directors, public r	
me, my significant other, and ch for. I agree that BadgeWives of including for example such purp	BadgeWives of Tampa Bay Inc. the rapidren, if applicable during any group Tampa Bay Inc. may use such photocoses as publicity, illustration, adverting against the Photographers / Bad).	p events that I am present os for any lawful purpose, tising, and web content. I will
Tampa Bay Inc., to be an active collecting donations on behalf or required to turn them into the or guidelines if I choose to join the	ay the annual membership fee of \$3 to member, and to abide by the Bylaw of BadgeWives whether monetary or rganization. I agree to read and abide social media group. My signature a law enforcement affiliation if necessar	vs. I also agree when tangible goods, that I am le by the social media group also authorizes BadgeWives
Signature		
For Board Members Use Only:		
Date received:	Membership Dues received on:	Cash or Check #