



## 2024 APPLICATION FOR MEMBERSHIP

(The object of the Club shall be for the promotion of the University of Florida football program, spirit, fellowship, and football knowledge among its members)

### THE FOLLOWING INDIVIDUAL IS A PROPOSED MEMBER:

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Address: \_\_\_\_\_ Spouse: \_\_\_\_\_  
City, St., Zip: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Shirt Size: Mens ☐ Womens ☐ Medium→ ☐ Large→ ☐ X-Large→ ☐ XX-Large→ ☐

### CURRENT QUARTERBACK CLUB MEMBER SPONSORING YOU:

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

PROPOSED MEMBER RECOMMENDED BY: (THREE MEMBERS OF THE GAINESVILLE QUARTERBACK CLUB)

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Membership Fee \$699  
Initiation Fee \$50 (first time members only) \_\_\_\_\_

**TOTAL** \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ **VISA / MasterCard / AMEX**

Name on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

All Credit Card Sales Will Be Billed AN ADDITIONAL 3.75% CARD PROCESSING FEE

THE COMPLETED APPLICATION SHOULD BE MAILED ALONG WITH PAYMENT (CHECK OR CREDIT CARD) TO:

THE GAINESVILLE QUARTERBACK CLUB, P.O. BOX 357776, GAINESVILLE FL 32635-7776

Applicant should be advised that membership in the club is limited in number.

In the event an application is denied for any reason, it may be resubmitted the following year.

**For Office Use Only**

Paid ☐ DB ☐ Web ☐ QB ☐ Appr ☐ Wel ☐