



## Application for Membership

**Centro Español de Tampa, Inc.**  
P.O. Box 4725 – Tampa, Florida 33677  
*Established 1891*

### Categories of Membership and Annual Cost

*(please select one)*

- |                          |                   |                                                                                             |               |
|--------------------------|-------------------|---------------------------------------------------------------------------------------------|---------------|
| <input type="checkbox"/> | <b>Individual</b> | Single membership for one person                                                            | <b>\$ 120</b> |
| <input type="checkbox"/> | <b>Familiar</b>   | Dual membership for two persons from the same family                                        | <b>\$ 200</b> |
| <input type="checkbox"/> | <b>Estudiante</b> | Individual membership for individuals enrolled in school<br>(Limited to the age of 25 only) | <b>\$ 50</b>  |
| <input type="checkbox"/> | <b>Forastero</b>  | For individuals who reside outside the greater Tampa Bay area                               | <b>\$ 50</b>  |

### Personal Contact Information of Applicant

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Spouse (if applying for Family membership) \_\_\_\_\_

### Interests

Please indicate if you would like to participate in any of the following club activities:

Culture & Heritage (Archives and Website) \_\_\_\_\_

Events \_\_\_\_\_

Cemetery Preservation \_\_\_\_\_

Newsletter & Membership Development \_\_\_\_\_

Scholarship Committee \_\_\_\_\_

*Note: Membership is subject to the approval of the Board of Directors. Payment of dues may be made in quarterly or semi-annual installments.*