

**SPANISH AMERICAN CLUB OF THE VILLAGES**

**Spanishclubtv.com**

**New or Prior Member Application Form**

\_\_\_\_\_ New Member

\_\_\_\_\_ Prior Member

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Cellular number: \_\_\_\_\_

Resident ID Number: \_\_\_\_\_

Email:

@																	

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

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

Cellular number: \_\_\_\_\_

Resident ID Number: \_\_\_\_\_

Email:

@																	

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

City: \_\_\_\_\_, FL

Zip Code: \_\_\_\_\_

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

Please attach a \$25.00 annual membership fee per person. Mail this form with the check payable to Spanish American Club.

Manuel R. del Val'e      Tel. 305-778-8608  
8190 SE 174th Lapham Ln.  
The Villages, FL 32162  
**Manuelpr@outlook.com**

**Reminder, please add the club email to your contacts:  
villagesspanishamericanclub@gmail.com**

Sponsor name for new members: \_\_\_\_\_

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

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