



REPLACEMENT / UPDATED CARD

First Name _____ Middle Name _____ Last Name _____

Permanent Home Address _____

City _____ County _____ State _____ Zip _____

Telephone Number _____ Date of Birth _____ / _____ / _____

Part Time Florida Residents complete this section

Months residing in Florida: From _____ to _____

Street Address in FL _____

City _____ County _____ Zip _____

Telephone number, if different from above _____

Current FHC number _____ If not known, approximate year you got your card _____

Reason for needing a new Card:

- Lost original, same address above
Moved to a new Area - new address is above
old address _____

- Requesting to be Grandfathered to old area. Explanation for why you want to be grandfathered:
I have not been on roster for any teams in new area
I would like to be grandfathered in so I can continue to play with my current team:

Grandfathering Requests must go through the Chairman, Mike Knowles. Call 941 725-0790 to explain your situation. If approved, he will write the date here _____

Mail:

- 1. Completed form
2. \$25 replacement fee - Personal or Business Check / Money Order / Cashier's Check Payable to Florida Half Century ASA, Inc.
3. Copy of current Driver's License or proof of current residence.

Date _____

Signature of Applicant _____

TYPE OR PRINT LEGIBLY, MAIL THIS APPLICATION, PROOF OF ADDRESS AND FEE TO:

Mike Knowles

3806 30th Lane E.
Call 941 725-0790, if questions

Bradenton, FL 34208