

SOLIVITA TRAVEL CLUB MEMBERSHIP FORM NEW _____ RENEW _____

Member 1 Name: _____

Member 2 Name (if any): _____

Solivita address: _____

Phone(s) Member 1: _____

Phone(s) Member 2: _____

Email Member 1: _____

Email Member 2: _____

Annual dues are \$20 per person. Make checks payable to Solivita Travel Club. Please return this form at a monthly meeting or by mail to the address below. Registrations are accepted from October 1 until February 28, 2026. New residents to Solivita may register at any time within their first six months of residency.

**Mail form and check to:
Solivita Travel Club
PO Box 580343
Poinciana, FL 34758**

By joining the Solivita Travel Club you agree that your photo or likeness may be used by the Solivita Travel Club in our publications and other promotions or descriptions of the Solivita Travel Club and its trips.

Office Use Only
Amount:
Check No./ cash
Paid date: