



## MEMBERSHIP APPLICATION

**Active Membership\*** is only available to men currently portraying the role of Santa Claus. Additional requirements are:

- 1- **Proof of a clear criminal/sex offender background check and liability insurance\***
- 2- **Sponsored by a PTS member in good standing**
- 3- **Approved by PTS Board Of Directors**
- 4- **Paid \$10 annual membership fee**

\*BC and Insurance is available through **The International Brotherhood of Real Bearded Santas** at: (www. IBRBSantas.org) *Active membership is required to vote, hold office or be included on PTS website.*

**Social Membership** is open to Santas, their widows, single Mrs Clauses, elves, friends and suppliers to participate in all social functions and enjoy all the fun and fellowship of the Palm Tree Santas (subject to PTS BOD approval) for just **\$5 a year**. Qualified Santas may request moving to Active Membership status at any time by providing the necessary documents.

Applying for:  Social Membership (\$5 yr),  Active Membership (\$10 yr)

Sponsored by: \_\_\_\_\_

Name: \_\_\_\_\_ First Year As Santa \_\_\_\_\_

Wife: \_\_\_\_\_ Mrs. Claus?  Yes,  No

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

County: \_\_\_\_\_

Shop Phone: \_\_\_\_\_

Sleigh Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Web Site: \_\_\_\_\_

Types of Visits: \_\_\_\_\_ Mall Santa?  Yes,  No

Upon acceptance please send a photo (1) of you and your wife (if applicable) for inclusion in the PTS Membership Directory and for Active Members two different photos (2) of you as Santa for listing on the PTS "Find A Santa" website. (Digital files preferred). **Send photos to: Jim Willimas at: [jw@TampaSanta.com](mailto:jw@TampaSanta.com)**

Email application to: Santa Bob Elkin at: [Santa@santaTB.com](mailto:Santa@santaTB.com)

or mail application to: Palm Tree Santas  
P.O. Box 272852  
Tampa FL 33688

| For PTS Use Only          |                |
|---------------------------|----------------|
| Rec'd _____               | Complete _____ |
| Adl Items requested _____ |                |
| BOD Approval _____        |                |