



MEMBERSHIP FORM FOR RETIRED PLAYERS

NAME

ADDRESS

CITY

STATE

ZIP

EMAIL

TELEPHONE

TEAMS YOU PLAYED FOR

DO YOU REMEMBER SIGNING AN AGREEMENT FOR REPRESENTATION WITH PLAYERS INC.?

YES

NO

COMMENTS OR INFORMATION (OPTIONAL)

SUGGESTED DUES: \$25

Please send completed application and check
(payable to Retired Professional Football Players for Justice) to:

Retired Professional Football Players for Justice
2114 Northwest 40th Terrace, Suite A-2
Gainesville, FL 32605