

Lewisville Civic Club
Post Office Box 293
Lewisville, North Carolina 27023
MEMBERSHIP APPLICATION/INFORMATION FORM

Date of Application _____

NAME: _____
Last First M.I.

NICKNAME OR NAME TO BE USED ON NAME TAG: _____

BIRTHDAY: Month ____ Day ____ **SPOUSE'S NAME:** _____

HOME ADDRESS: _____
House Number & Street City Zip Code

e-mail address: _____

MAILING ADDRESS: _____
PO Box City Zip Code

HOME PHONE: _____ **CELL PHONE:** _____

BEST TIME TO CALL: _____

Please indicate the events or activities in which you wish to become involved:

- | | |
|--|--|
| <input type="checkbox"/> Christmas Parade | <input type="checkbox"/> Golf "Tournament" |
| <input type="checkbox"/> Christmas Tree Lighting | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Scholarship Committee | <input type="checkbox"/> Candidates' Forum |
| <input type="checkbox"/> Other _____ | |

How many hours would you like to volunteer each month? _____

MEMBERSHIP TYPE: Member (\$135 yr) Member Early Pay (\$110 yr) Quarterly (\$33.75)
 Associate (\$35 yr)

APPLICANT'S SIGNATURE: _____

SPONSOR'S SIGNATURE: _____

Please forward completed application to Civic Club Secretary.

THIS SECTION FOR OFFICIAL CLUB USE: DATE RECEIVED: _____

BOARD OF OFFICERS' ACTION: DATE: _____ APPROVED DISAPPROVED

DATE SECRETARY ADDED MEMBER TO MEMBERSHIP LIST: _____

DATE PRESIDENT FORWARDED WELCOMING LETTER: _____