



2024 455 CLUB APPLICATION FOR MEMBERSHIP

_____ **New Membership** _____ **Renew Annual Membership**

Please Check Membership Desired

MEMBERSHIP TYPE	ONE YEAR (renewed annually)	LIFETIME (one-time payment)
YOUTH (14 and under)	\$15.00 _____	N/A
INDIVIDUAL	\$25.00 _____	\$75.00 _____
COUPLE	\$35.00 _____	\$100.00 _____
FAMILY	\$45.00 _____	\$100.00 _____

Please note your information will NOT be shared with anyone. We will only call in the event there is a problem with sending you an email. Once we receive your membership application we will send you a test email to ensure receipt.

Primary Member Name _____
 E-mail _____
 Phone _____
 Address _____
 City _____ State _____ Zip _____
 Other names on your membership _____

*Please send the application with a check payable to **455 Club***

**Mailing address: The 455 Club c/o Membership
 PO Box 221142
 Cleveland OH 44122**

To use a credit card please fill out this section:

Credit Card Number: _____ Exp _____
 Billing Zip Code _____ 3 digit Sec. Code _____

*We now also accept these forms of payment for membership: **PAYPAL, VENMO**
 To use these please email us for further instructions: **robertrosen81@gmail.com***

Referred By: _____
 Receipt: _____