

APPLICATION FOR NEW MEMBERSHIP

SEND PAYPAL PAYMENTS TO: GRACMAIN@GMAIL.COM

PLEASE MAKE CERTAIN ALL SECTIONS ARE COMPLETE BEFORE SUBMITTING

PLEASE PRINT LEGIBLY

Name (Cost of New Membership \$150):	
Spouse (Cost to add Spouse \$25):	
Mailing Address:	
Phone:	Email Address:
Annual Hours You will commit to Club Ch	naritable Endeavors:
Will you chair or participate in a fundraisi	ing event once per year:
REC	QUIRED SIGNATURES
Club Member Sponsor:	Member 1:
Member 2:	Member 3:
Trustee 1:	Trustee 2:
Trustee 3:	
FC	OR CLUB USE ONLY
Approved of Deferred:	Date::
Form of Payment:	Amount Paid:
Accepted by:	Date: