THIS APPLICATION DOES NOT GUARANTEE MEMBERSHIP

UPPER SAUCON SOCIAL QUARTERS MEMBERSHIP APPLICATION

Applicants Must Be 21 Years of Age on Date of Application

APPLICATION FEES & DUES FOR MEMBERSHIP ARE NON-REFUNDABLE

* Note: Applications with illegible writing will be refused. Please print clearly!

Da	te of Application: April 1, 2023
Name:	D.O.B.
Address:	e-mail:
City/State/ZIP	Tel #:
Driver Lic. #	State:
Have You Ever Been a Member of This Organization? Y N Have You Ever Been Refused Membership to Any Club? Y N Have You Ever Been Convicted of a Felony Crime? Y N	Date(s):
I hereby certify that this Membership Application is completed by me in my own handwriting and acknowledge and agree that providing false, misleading or incomplete statements within this Application for Membership to the Upper Saucon Social Quarters will make this application null and void, causing Applicant to not be considered for membership in the future. If accepted as a member of this organization, I agree to abide by all of its By-laws and Rules.	
Applicant's Signature:	-
Sponsor: By signing this application as Sponsor of this Applicant, I state that this Applicant is k membership. Sponsoring members are cautioned not to sign this application unless Applicant is	
Sponsor's Printed Name:	Card No:
Sponsor's Signature:	
Application Fee: \$15.00 + Membership Dues: \$25=\$40 Due with Application	
Board Member Present When Submitted:	
Date Application Received:	
Review by B.O.D.: Signature: Date:	
Acceptance by Membership: 1st Reading Date:	
RECEIPT FOR MEMBERSHIP TO UPPER SAUCO IMPORTANT******KEEP THIS RECEIPT AS PROOF O	
Name:	Date:
Address: City/State/Z	TP:
Signature Receiving \$40 Fee	

NOTE: Your Membership Confirmation will be received via U.S. Mail after Application has been Read & Accepted at Membership Meeting New Membership cards must be picked up by July 1, 2023 or the membership will be revoked and all fees will not be refunded.