

# Consorts Club of the Bay Area, Inc.

## MEMBERSHIP APPLICATION

(Would you like to become a Consort and help us with our scholarship efforts?  
If so, please fill out this form and return it to a Consorts Member. Thank you!)

Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Home Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell: \_\_\_\_/\_\_\_\_/\_\_\_\_ Work (optional): \_\_\_\_/\_\_\_\_/\_\_\_\_

Why do you want to become a member of the Consorts Club? \_\_\_\_\_  
\_\_\_\_\_

Profession: \_\_\_\_\_

Your favorite activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the organizations of which you are currently a member: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your special skills: \_\_\_\_\_  
\_\_\_\_\_

Signature (New Member): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature (Consorts Club Member): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If you have questions, please contact:  
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