2025 MEMBERSHIP APPLICATION

FILL OUT COMPLETELY - PLEASE PRINT LEGIBLY

Name _____ _____

First Name, Middle Initial, Last Name (No nicknames) | Date

MUST ATTEND A MEETING TO JOIN. OR HAVE A SPONSOR IN GOOD STANDING

Mailing Address: _____

Complete Street Address (No abreviations)

_____ | _____ | _____

City | State | Zip Code

Res. Phone: ( ) –

Area Code XXX XXXX

Cell Phone: ( ) –

Area Code XXX XXXX

Birthdate: / /

Month Day Year

Email: _____

YEARLY FEES	
SEE BELOW FOR WORK SHIFTS	
SINGLE WORKING 3*	$175
FAMILY WORKING 5**	$200
SINGLE NON WORKING	$300
FAMILY NON WORKING	$350

$50 WILL BE CHARGED FOR WORK SHIFTS NOT COMPLETED TO REJOIN

Select Type of Membership

☐ FAMILY	☐ SINGLE
Non-Working ☐	

If Family Membership, Please provide:

Spouse's Name: Phone ( ) -

Email:

	Children's: Names	Birthdates
1		
2		
3		
4		
5		
6		

***3 WORK SHIFTS PER SINGLE WORKING MEMBERSHIP. 5** WORK SHIFTS PER FAMILY WORKING MEMBERSHIP**

PLEASE SEE ATTACHED FOR DEFINITIONS OF MEMBERSHIPS AND WHAT WE EXPECT FROM YOU AS A MEMBER

This section to be completed by Golden Arrow

Date application Approved: _____ Initials of Board Members Approving: _____

Date dues accepted: _____

Dues paid by: ☐ Cash ☐ Check #: _____ **Amount:** _____

1/2020 1/2010