

# ANNUAL CLUB MEMBERSHIP REGISTRATION

The Fellowship Club

3224 First Ave NE

Cedar Rapids, Iowa 52402

319-364-0314

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Email: \_\_\_\_\_

Please ***circle one*** answer per line below:

NEW MEMBERSHIP: YES / NO

PAYING DUES IN FULL FOR CURRENT YEAR: YES / NO

MAKING MONTHLY PAYMENTS FOR DUES: YES / NO

WERE YOU A DUES PAYING MEMBER LAST YEAR: YES / NO

***Important Privacy Information:*** Please ***check each*** applicable box below to provide written *CONSENT*:

I Consent to put your first name and last initial on the Fellowship Club Delegate Board in the hallway.

I Consent for Fellowship Club employees / elected officials to contact you using the information above.

I Consent to use my photograph on the club website or Facebook page when attending club functions.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please provide any suggestions on how The Fellowship Club can be of better service to you this year:

Application / Payment received by: \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU FOR YOUR CONTRIBUTION!**