

APPLICATION FOR MEMBERSHIP

APPLICANT LEGAL NAME				
APPLICANT PREFERRED NAME				
PERSONAL EMAIL		CONTACT PHONE NUMBER		
SOCIAL SECURITY NUMBER			DATE OF BIRTH///	
RESIDENCE		CITY	STATE ZIP	
BUSINESS/COMPANY NAME			POSITION/TITLE	
BUSINESS PHONE		BU	SINESS EMAIL	
			STATE ZIP	
SPOUSE PREFERRED NAME				
CONTACT PHONE NUMBER	T PHONE NUMBER [EMAIL ADDRESS	
BUSINESS/COMPANY NAME			POSITION/TITLE	
BUSINESS ADDRESS		_ CITY	STATE ZIP	
MEMBERS OF MY FAMILY RESIDING \	WITH AND DEPENDEI		ME AUTHORIZED TO USE THIS MEMBERSHIP:	
I.E. CHILDREN UNDER THE AGE OF 25	5			
NAME	RELATIONSHIP		DATE OF BIRTH///	
NAME	RELATIONSHIP		DATE OF BIRTH///	
PLEASE SEND MY MONTHLY STATEM	1ENT TO:			
HOME ADDRESS BUSINESS	SADDRESS EMA	IL		
PLEASE SEND MY MONTHLY NEWSL	ETTER TO: HOM	IE ADDRE	BUSINESS ADDRESS	
PLEASE EMAIL EVENT REMINDERS	TO:		&	
PROPOSING MEMBER ATTESTS TO H	HAVING KNOWLEDGE	OFTHE	GENERAL GOOD CHARACTER OF THE APPLICANT	
PROPOSING MEMBER			MEMBER NUMBER	
PROPOSING MEMBER SIGNATURE _				
PROPOSING MEMBER			MEMBER NUMBER	
PROPOSING MEMBER SIGNATURE _				
			Comply With, And Observe The By-Laws, Rules, And Regulations Of S, Rules, And Regulations Now In Force And Those Which May Be	
SIGNED THISDAY OF	20 _	AP	PLICANT SIGNATURE	

APPROVED BY BOARD OF GOVERNORS PRESIDENT ______