

APPLICATION FOR MEMBERSHIP: FULL - or - SOCIAL
(Please Circle One)

This application requires two Full Member signatures and must include the appropriate dues:

Full Member Dues: \$45.00

Social Member Dues: \$45.00

DATE: _____

NAME: _____

PARENTS: _____ and _____
(Father) (Mother's Maiden Name)

DATE OF BIRTH: ____/____/____

OCCUPATION: _____

SPOUSE: _____
(MEMBER: NO / YES - FULL or SOCIAL)

APPLICANT CONTACT INFORMATION:

Street Address: _____

City/State/Zip: _____

Phone: _____ Cell: _____

Email Address: _____

APPLICANT SIGNATURE: _____

The following two witnesses are **Current Full Members** who personally know you and are vouching for your integrity by signing this document. All new applications will be reviewed and approved by the Full Membership at the quarterly General Assembly Meetings. One of the Full Members below **MUST BE PRESENT** at the General Assembly and will be asked to speak on your behalf and answer any questions regarding your application. Any applicant that does not have the Full Member present will be laid over until the next General Assembly Meeting. Only one lay over will occur and the applicant will have their application and dues returned to them.

WITNESS: _____
Print Name

WITNESS: _____
Print Name

Signature

Signature

(Office Use Only)

Final Application Approved on: ____/____/____

President: _____

Financial Secretary: _____