

25 Friendship Club Application For Membership

Date ____ / ____ /20____ Beneficiary _____
(Relationship)

Name _____
(Last) (First) (Middle Initial)

Address _____
(Street) (City) (State) (Zip Code)

Telephone Number (_____) _____
(Home or Cel)

E-Mail Address _____ @ _____
(You will receive assessments via e-mail to save postage)

Please list any medical problems you currently have
Failure to disclose existing medical problems may _____
make you exempt from benefits as determined by _____
The clubs Board of Governors _____

Please enclose a Forty (\$40) Dollar initiation fee along with a stamped/self-addressed envelope.
(No envelope is needed if you supplied an e-mail address above)

-----Do not write below this line-----

Application taken by _____
(Officers Name) (Date)