



RAVENS ROOST #35

MEMBERSHIP APPLICATION

"ANNAPOLIS' FIRST"

P.O. BOX 3628, Annapolis, MD 21403

Name: _____ Date of Birth: _____

Address: _____

Telephone Numbers: (HOME) _____ (CELL) _____

Email Address: _____

Hobbies: _____

Special Interest: _____

(PLEASE USE BACK OF APPLICATION IF MORE SPACE IS NEEDED)

REASON FOR REQUESTING MEMBERSHIP: _____

HOW DO YOU PLAN TO CONTRIBUTE TO THE CLUB? _____

(PLEASE USE BACK OF APPLICATION, IF MORE SPACE IS NEEDED)

JOINING FEE (\$75.00): \$ _____ **(DUE WITH APPLICATION... NON-REFUNDABLE)**

DUES (\$50.00): \$ _____ **(DUE UPON ACCEPTANCE INTO THE CLUB, AND BY THE MARCH MEETING EACH YEAR. PRORATED RATES WILL BE ACCESSED AFTER THE MONTH OF JUNE)**

TOTAL RECEIVED: \$ _____ **(DUE WITH APPLICATION)**

(President Signature)

(Date)

(Membership Chairperson)

(Date)

RAVENS ROOST #35 SPONSOR: _____