

THE SAINT PAUL CLUB

MEMBERSHIP PROPOSAL

APPLICANT INFORMATION

Name:		
Current address:		
City:	State:	ZIP Code:
Home Phone:	Date of birth:	Spouses Name:
E-mail:		Cell Phone:
Winter address:		
City:	State:	ZIP Code:
Winter Phone:		
Nationality / Ethnic Group:		
Prospect's affiliations with other organizations or clubs:		

EMPLOYMENT INFORMATION

Name of Business or Profession:		
Business address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Position:	Mail should be sent to: <input type="checkbox"/> Home <input type="checkbox"/> Business	
Do the prospect and his employer, if any, understand that the employer acquires no interest in the membership? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SPONSOR INFORMATION

Name of Sponsor:	Length of time sponsor has known prospect:
Signature of Sponsor:	Date:

SIGNATURES

Has the prospect agreed to attend regularly and to take part in the activities of the Club? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of applicant:	Date:

CLUB INFORMATION

Date Presented to the Board:	
Classification in Club:	Approved: Yes No
Credit Card No:	Exp Date: CCV:
Billing Address:	Billing Zip Code:

New member application must be accompanied with \$250.00
One quarters dues of \$200 and initiation fee of \$50 for a total of \$250.00
Applicant must attend one meeting prior to acceptance of this application