

RAVENS ROOST #129 OF LAKE SHORE, PASADENA, MD

APPLICATION FOR MEMBERSHIP

NAME OF APPLICANT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

MARRIED: SINGLE: DATE OF BIRTH: _____

EMPLOYER NAME: _____

SPONSORING MEMBER'S NAME: _____

HAVE YOU EVER BELONGED TO THIS OR ANY OTHER ROOST? _____ IF YES, WHAT ROOST NUMBER? _____

NOTE: IF YOU CURRENTLY BELONG TO ANOTHER RAVENS ROOST, YOU MUST RESIGN FROM YOUR PRESENT ROOST FIRST BEFORE APPLYING FOR MEMBERSHIP TO THIS ROOST!!!

DO YOU HAVE SEASON TICKETS? _____ IF SO, WHERE? (Section/Row/Seat): _____

WHY DO YOU WANT TO JOIN THIS RAVENS ROOST? _____

WILL YOU SUPPORT THE ROOST FUND RAISING ACTIVITIES PER OUR BY-LAWS? _____

APPLICANT – PLEASE READ BEFORE SIGNING THIS APPLICATION

THE OFFICERS, MEMBERS, AND ORGANIZATION OF THIS ROOST WILL HOLD ALL INFORMATION SUPPLIED IN THIS APPLICATION IN THE STRICTEST CONFIDENCE. BY AFFIXING MY SIGNATURE BELOW I ACKNOWLEDGE THAT I HAVE READ AND AGREED TO ABIDE BY AND UPHOLD ALL BY-LAWS AND REGULATIONS, PRESENT AND FUTURE, OF THIS RAVENS ROOST. IF MEMBERSHIP IS DENIED, FEES AND DUES PAID WITH APPLICATION WILL BE RETURNED. UPON LEAVING THE RAVENS ROOST, BY VIRTUE OF RESIGNATION OR BEING DROPPED FROM MEMBERSHIP, NO REFUND OF PAID DUES OR CLAIM ON CLUB PROPERTIES OR ASSETS SHALL BE MADE BY ME OR ANY MEMBER OR REPRESENTATIVE OF MY FAMILY.

APPLICANT: _____ DATE: _____

SPONSOR: _____ (CURRENT ROOST MEMBER)

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FOR OFFICIAL USE ONLY

DATE SUBMITTED TO BOARD: _____ PRORATED DUES INCLUDED WITH APPLICATION: _____

MEMBERSHIP CHAIRMAN: _____ DATE INTRODUCED: _____

ACCEPTED DENIED DATE NOTIFIED BY MEMBERSHIP CHAIRMAN: _____