

RAVENS ROOST # 110

APPLICATION FOR MEMBERSHIP \$15.00 One Time Application Fee, Payable to Ravens Roost #110, Inc.

NAME OF APPLICANT : _____

ADDRESS : _____

CITY : _____ STATE : _____ ZIPCODE : _____

Email Address: _____

HOME PHONE : _____ WORK PHONE : _____

MARRIED _____ SINGLE _____ DATE OF BIRTH : _____

EMPLOYED BY : _____

SPONSORING MEMBER : _____

HAVE YOU EVER BELONGED TO THIS OR ANY OTHER ROOST OR CORRAL? _____

IF YES, PLEASE LIST ROOST OR CORRAL NUMBER(S) : _____

DO YOU HAVE SEASON TICKETS? _____ IF SO, WHERE? _____

WHY DO WANT TO JOIN THIS RAVENS ROOST ? _____

APPLICANT – PLEASE READ BEFORE SIGNING THIS APPLICATION

THE OFFICERS, MEMBERS, AND ORGANIZATION OF THIS ROOST WILL HOLD ALL INFORMATION SUPPLIED ON THIS APPLICATION IN THE STRICTEST CONFIDENCE. BY AFFIXING MY SIGNATURE BELOW I AGREE TO ABIDE BY AND UPHOLD ALL BYLAWS AND REGULATIONS, PRESENT AND FUTURE, OF THIS RAVENS ROOST. IF MEMBERSHIP IS DENIED, ALL APPLICATION FEES 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 ESTATE. DUES ARE DUE WITHIN 60 DAYS OF ACCEPTANCE OR MEMBERSHIP WILL BE REJECTED AND APPLICATION FEE FORFIETED.

APPLICANT _____ DATE _____

SPONSOR _____

FOR OFFICIAL USE ONLY

DATE SUBMITTED TO BOARD: _____ MEMBERSHIP CHAIRMAN _____

DATE INTRODUCED TO MEMBERSHIP _____ APPLICATION FEE PAID: _____

DATE VOTED ON BY MEMBERSHIP _____ ACCEPTED _____ DENIED _____

DATE NOTIFIED BY MEMBERSHIP CHRM. _____ FIRST YEARS DUES: _____ PAID _____