



MEMBERSHIP APPLICATION

Name:	
Date of Birth: (month/day/year)	
Street Address:	
City:	
State:	
Zip:	
Home Phone:	
Work Phone:	
E-Mail Address:	
Spouse:	
Children: (names & ages)	
Employer:	
Occupation:	
Description of Company's Products/Services:	
Approximate Retirement Date:	
If Disabled, approximate date:	
Recommended for membership by:	
Father's full name:	
Father's nationality:	
Mother's full name (including maiden name):	

<p>Mother's nationality:</p>	
<p>Hobbies & Interests:</p>	
<p>Committee's you're interesting in serving on: (check any/all that apply)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Winter Feast <input type="checkbox"/> Easter Egg Hunt <input type="checkbox"/> Reverse Raffle/Dinner Dance <input type="checkbox"/> Golf Outing <input type="checkbox"/> Solon Home Days Parade <input type="checkbox"/> Steak n Stogie Night <input type="checkbox"/> Clambake <input type="checkbox"/> Stag Raffle <input type="checkbox"/> Christmas Party <input type="checkbox"/> Sunshine Committee <input type="checkbox"/> Scholarship Committee <input type="checkbox"/> Ways & Means Committee <input type="checkbox"/> Cook for Monthly meetings <input type="checkbox"/> Clean up – Monthly meetings