

AREA NO. 1 OUTDOOR CLUB

P.O. BOX 201 · COAL CITY, ILLINOIS 60416-0201

APPLICATION FOR MEMBERSHIP

SPONSORING MEMBER: _____ KEY NUMBER: _____

MEMBER'S ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

MEMBER'S PHONE: _____

PROSPECTIVE MEMBER: _____ DATE OF BIRTH: ____/____/____

PHONE: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

SPOUSE _____ AGE _____ DATE OF BIRTH ____/____/____

CHILDREN & AGE & DOB: _____

RELATIONSHIP TO SPONSORING MEMBER: _____

By My Signature, I Verify That The Above Information Is Totally Accurate. Falsifying Information Will Result in Termination of My Membership in the Area No.1 Outdoor Club.

When applying Please send Proof of Relationship to Sponsor (Copy of Birth Certificate)

SPONSORING MEMBER'S SIGNATURE: _____ Date: _____

PROSPECTIVE MEMBER'S SIGNATURE: _____ Date: _____

For Club Use ONLY Below This Line:

Date Application Received: _____

Sponsoring Member: Certificate Number: _____ Date Joined: _____

Prospective Member: Date Joined: _____ Key Number: _____

Certificate Number Issued: _____ Keys Issued: _____

Certificated Issued By Secretary: _____