



RENAISSANCE CLUB
Of
North Tonawanda, Inc.

APPLICATION FOR MEMBERSHIP

I, the undersigned, hereby apply for membership in the Renaissance Club of North Tonawanda, Inc.

PLEASE PRINT

Name _____

Address _____
Street, City, State, and Zip Code

Date of Birth _____ Phone _____

Occupation _____

Business Address _____

E-mail Address: _____

If accepted, I will comply with all the rules, regulations, and bylaws of the club. This application is subject to police review.

Signature of applicant _____

Signature of sponsor _____

Signature of sponsor _____

The above blanks must be filled out completely by the applicant and the sponsors (two) and be accompanied by an initiation fee of \$25.00 or it will not be considered. The \$25.00 initiation fee will be waived if you have an immediate family member (father, mother, sister, brother, son, daughter) who is a club member. In the blanks below, please list that member and their direct relationship.

Member's Name _____ Relationship _____

Chairman _____ Chairman _____
Membership Committee Board of Directors
Date _____ Date _____

Initiation fee (if applicable) of \$25.00 shall accompany this application. Thirty-five dollars (\$35.00) yearly dues will be paid within 15 days after acceptance. Thank you.

Amount Paid _____ Date _____ Membership Chairman _____