

MEMBERSHIP APPLICATION
6TH WARD ATHLETIC CLUB, INC
NON-PROFIT ORGANIZATION
ONEONTA, NY 13820

DATE: _____

To the Officer and Members of
SIXTH WARD ATHLETIC ASSOCIATION, INC.

I hereby apply for membership in your Club and if accepted I shall faithfully comply with the By-Laws and rules of the Organization. Also, I understand the Club is a working organization and will volunteer to help out whenever possible.

NAME: _____, AGE ____ (optional)

ADDRESS: _____ PHONE# _____

CITY: _____ STATE _____ ZIP _____

OCCUPATION: _____

REASON FOR JOINING: _____

LIST 3 CURRENT MEMBERS FOR REFERENCES

1) Name: _____

Address: _____

2) Name _____

Address _____

3) Name _____

Address. _____

Proposed By _____

AREAS I CAN HELP THE CLUB ARE _____

KITCHEN _____ BAR _____

SIGNATURE OF APPLICANT _____

IF YOU WISH TO RECEIVE CLUB INFORMATION VIA EMAIL PLEASE
SUPPLY. _____

ONEONTA, N.Y.