



# RAVENS ROOST #136

## APPLICATION FOR MEMBERSHIP



NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MARRIED: \_\_\_\_\_ SINGLE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

SPONSORING MEMBER: \_\_\_\_\_

DO YOU NOW OR HAVE YOU EVER BELONGED TO ANY ROOST OR CORRAL? \_\_\_\_\_

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

WHY DO YOU WANT TO JOIN OUR ROOST? \_\_\_\_\_

(If needed, continue on the back of this sheet)

### APPLICANT – PLEASE READ BEFORE SIGNING THIS APPLICATION

THE OFFICERS, MEMBERS AND ORGANIZATION OF THIS RAVENS 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 BY-LAWS AND REGULATIONS, PRESENT AND FUTURE, OF THIS RAVENS ROOST. IF BY VIRTUE OF RESIGNATION OR BEING REMOVED 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. MEMBERSHIP DUES NOT PAID WITHIN 60 DAYS OF ACCEPTANCE OF MEMBERSHIP WILL NULL AND VOID THIS APPLICATION AND ANY APPLICATION FEES WILL BE FORFIETED. I AM AT LEAST 21 YEARS OF AGE.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

### **FOR OFFICIAL USE ONLY**

#### Membership Chairman

Date Application Received: \_\_\_\_\_ Application Fee Paid: Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ N/A \_\_\_\_\_

Date of Introduction to Roost Membership: \_\_\_\_\_ Date of Membership Vote: \_\_\_\_\_

Membership Committee: \_\_\_\_\_ Application: **APPROVED** \_\_\_\_\_ **DENIED** \_\_\_\_\_  
(Chairman Signature)

Date Applicant Notified: \_\_\_\_\_ 1<sup>st</sup> year's Dues: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ **CASH/CHECK #** \_\_\_\_\_