



Application for Membership

1. Name: _____
2. Address: _____
3. City: _____ State: _____ Zip Code: _____
4. Home Phone: _____ Work Phone: _____
5. e-Mail: _____
6. Date of Birth: _____ Marital Status: _____
7. Employer: _____
8. Referred By: _____
9. Have you ever been a member of this or another Ravens Roost or Colts Corral?
Yes ___ No ___ If yes, which club and chapter? _____
10. Why do you want to join Ravens Roost #4 of Ellicott City? (use back if needed)

11. If accepted for membership by Ravens Roost #4, will you at all times uphold the Constitution and Bylaws of the organization? _____
12. Fees:
 1. An initiation fee of \$10 must accompany this application
 2. Annual Dues (\$30) will be prorated starting the month after acceptance and must be paid in full at the next regular meeting

All information supplied in this application will be held in strict confidence by the Board of Directors and the Ravens Roost #4 organization.

Signature of Applicant: _____ Date: _____

For Board Use Only

Date Application Received: _____ Date Member Inducted: _____
Signature of Chairman: _____

Ravens Roost #4 Member Agreement

Upon leaving Ravens Roost #4 by virtue of resignation or being dropped from membership, no refund or claim on club properties shall be made by me or any member of my estate.

Signature of Member: _____ Date: _____