



## ELETTRA MARCONI SOCIETY

450 ALBERT STREET WEST \* SAULT STE. MARIE, ON \* P6A 1C3

### APPLICATION FOR MEMBERSHIP

NAME: \_\_\_\_\_

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

POSTAL CODE: \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL TELEPHONE: \_\_\_\_\_

DATE OF BIRTH: (M/D/Y) \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

DESCENT:  ITALIAN  OTHER

I hereby apply to become a member of the Elettra Marconi Society. I agree to abide by EMS rules and regulations. I acknowledge that my personal information will be used within the club for contact purposes only.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

NAME & SIGNATURE OF SPONSOR: \_\_\_\_\_

NAME & SIGNATURE OF CO-SPONSOR: \_\_\_\_\_

This application will be presented at the next board meeting. Once approved, you will be asked to attend the next regular scheduled general meeting with one of your sponsors.

#### FOR SOCIETY USE ONLY:

Dues received: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Date approved by board of directors:  
\_\_\_\_\_

#### NEW MEMBERSHIP DUES:

\$35 (JAN-AUG) \$15 (SEPT-DEC) payable to the Elettra Marconi Society. Must be submitted with completed application