

# FOUR OAKS CIVITAN CLUB MEMBERSHIP FORM

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

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

\_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_

(WORK) \_\_\_\_\_

(CELL) \_\_\_\_\_

EMAIL: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

CHILDREN: \_\_\_\_\_ AGE: \_\_\_\_\_

\_\_\_\_\_ AGE: \_\_\_\_\_

\_\_\_\_\_ AGE: \_\_\_\_\_

CHURCH (OPTIONAL): \_\_\_\_\_

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

WHY WOULD YOU LIKE TO BECOME A MEMBER?

\_\_\_\_\_

\_\_\_\_\_

DO YOU KNOW OF ANYONE ELSE WHO WOULD LIKE TO JOIN? \_\_\_\_\_

NAME OF PROSPECT: \_\_\_\_\_ NUMBER: \_\_\_\_\_

SPONSORED BY: \_\_\_\_\_ ANNUAL DUES: \_\_\_\_\_

DATE APPROVED OR OTHER: \_\_\_\_\_