

GCDC MEMBERSHIP APPLICATION

TYPE OF MEMBERSHIP

GENERAL MEMBER: \$40	\$ _____
NEW MEMBER: ADD \$5 FOR ONE TIME PROCESSING FEE	\$ _____
SENIOR CITIZEN (62 AND OLDER): \$35	\$ _____
STUDENT (MUST PROVIDE COPY OF ID): \$25	\$ _____
AFTER JANUARY 31ST: Add \$5	\$ _____
AFTER JULY 1ST: \$25	\$ _____
TOTAL AMOUNT INCLUDED:	\$ _____

*Returning member is someone who was not a member the previous year.

(FOR OFFICE USE) CHECK # _____

APPLICANT INFORMATION

Name:		(FOR OFFICE USE) Member # _____
Date of birth:		Phone:
Email address:		
Current address:		
City:	State:	ZIP Code:

EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:		
Date of birth:		Phone:
Email address:		

REFERENCES (LIST CURRENT MEMBERS ONLY, OTHERWISE LEAVE BLANK)

Name	Address	Phone

SPECIAL SKILLS OR HOBBIES

Skills or Hobbies:	Skills or Hobbies:
Skills or Hobbies:	Skills or Hobbies:

CHILDREN (CURRENTLY NO ADDITIONAL COST)

Name	Name
Name	Name

SIGNATURES

I authorize the verification of the information provided on this form. I have reviewed, or received, a copy of GCDC's House Rules and Bylaws.

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership)</i> :	Date: