

(FOR OFFICE USE) Roll Number:

Bank Nite Number:

### GCDC MEMBERSHIP APPLICATION

#### TYPE OF MEMBERSHIP

**MEMBERSHIP:** \$20 x QTY \_\_\_\_ = \$ \_\_\_\_\_

**STUDENT (MUST PROVIDE COPY OF ID):** \$20 x QTY \_\_\_\_ = \$ \_\_\_\_\_

(FOR OFFICE USE) CHECK # \_\_\_\_\_

#### APPLICANT INFORMATION

Name:

Date of birth:	Yes, you can show my birthday on GCDC's Google calendar. ____ initial	Phone:
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Email address:

Current address:

City:	State:	ZIP Code:
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#### EMERGENCY CONTACT

Name of a relative not residing with you:

Address:	Phone:
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City:	State:	ZIP Code:
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Relationship:

#### SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:

Date of birth:	Yes, you can show my birthday on GCDC's Google calendar. ____ initial	Phone:
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Email address:

#### REFERENCES (LIST CURRENT MEMBERS ONLY, OTHERWISE LEAVE BLANK)

Name	Address	Phone

#### SPECIAL SKILLS OR HOBBIES

Skills or Hobbies:	Skills or Hobbies:
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#### 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:
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Signature of spouse (only if for a joint membership):	Date:
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