

ELKS CLUB OF NEW WESTMINSTER

NEW MEMBER APPLICATION

Last Name: _____ First Name _____

Address: _____

Email Address: _____ (Where Applicable)

Home Phone: _____ Cell Phone: _____

Emergency Contact and Number _____

Birth Date: _____ (Optional)

Sponsoring Members Name _____

Purpose and Mission Statement

Fundraising and Charitable Work for the Community

Are you willing to participate in a fundraising event/meat draws? YES NO

Dues: \$35.00 (Includes fob deposit) Valid to December 31 of current year Cash or Cheque

FOBS ARE MANDATORY FOR ALL MEMBERS

PLEASE NOTE: All applications must be approved at the Board of Directors meeting held on the last Tuesday of each month. **Cards and fobs will be ready for pickup at the bar approximately one week following approval.**

Signature _____ Date _____

For Office Use Only

Membership Number _____ Fob Number _____ Card Issued _____

Name in Barrel _____ Entered in Roster _____ Receipt Issued _____