

MEMBERSHIP APPLICATION

ALLENSPARK AREA CLUB, INC., P O BOX 176, ALLENSPARK CO 80510-0176

I/We wish to apply for membership in the Allenspark Area Club. I/We are 21 or more years of age and a resident(s) of the Allenspark Area. (Exceptions are those members who move out of the area and retain their memberships.)

I/We understand that the dues are \$15.00 per year for each member, which dues are included with this application. The term comprises the period July 1 through June 30.

#1: FIRST NAME _____ LAST NAME _____

BIRTHDAY (year is optional and will NOT appear in the directory) _____

OCCUPATION/ BUSINESS (If retired, please indicate previous occupation, i.e. Retired Elementary Teacher)

#2: FIRST NAME _____ LAST NAME _____

BIRTHDAY (year is optional and will NOT appear in the directory) _____

WEDDING ANNIVERSARY MONTH, DAY AND YEAR (if applicable) _____

OCCUPATION/ BUSINESS (If retired, please indicate previous occupation, i.e. Retired Elementary Teacher)

E-mail address _____

_____ [Check here to receive your monthly newsletter via e-mail.](#)

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____ DATES FOR THIS ADDRESS _____

SECONDARY ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____ DATES FOR THIS ADDRESS _____

If spouse will not be a member, please complete this section for our records only:

FIRST NAME _____ MID INIT _____ LAST NAME _____

OCCUPATION/BUSINESS _____

SPONSORED BY _____