Application for Membership

Sponsored By: _____

Applicant's Name: _____
First **Middle** **Last**

Home Address: _____
Street **City** **State** **Zip** **Phone**

Mailing Address (*If different*) _____

_____ _____ _____
Age **Date of Birth** **Birth Place**

_____ _____
Employer **Occupation**

_____ _____
Spouse's Name **Children**

_____

_____

Membership Fees:	**Initial Dues**	**Renewal Dues**
Single Person (18 & Over)	**$25.00**	**$20.00**
Married Couple	**$40.00**	**$30.00**
Family w/children (Under 18 years of age)	**$50.00**	**$40.00**

_____ _____
Signature of Applicant **Date**

Please Return to: Flor Do Oakley Club P.O. Box 466 Oakley, CA 94561