

APPLICATION FOR MEMBERSHIP

The Warren Olympic Club (not-for-profit) • P.O. Box 1348 • Warren, OH 44482

Date _____

Applicants:

Applicant (first) _____ (middle) _____ (last) _____

Spouse (first) _____ (middle) _____ (last) _____

Home Address _____

City _____ State _____ Zip _____ Home Phone _____

Business Address (applicant) _____ Occupation _____

City _____ State _____ Zip _____ Business Phone _____

Business Address (spouse) _____ Occupation _____

City _____ State _____ Zip _____ Business Phone _____

Full names of unmarried, dependent children:

Name	Birthdate (mo/day/year)	Name	Birthdate (mo/day/year)
1 _____	_____	4 _____	_____
2 _____	_____	5 _____	_____
3 _____	_____	6 _____	_____

Personal references:

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

I/we hereby submit this Application for a family membership in "The Warren Olympic Club, Inc." I/We acknowledge the fact that this Application will be submitted to the Board of Directors of the Corporation for their review. If my family and I are accepted for membership, we agree to abide by the rules and regulations as established by the Board of Directors, and any and all rules and regulations subsequently established by the governing body of the Corporation.

I/We understand that the Board of Directors has the right to reject any application upon returning an amount of money (or check) equal to the amount submitted with this Application. I/We furthermore understand that once accepted, the Board of Directors may cancel my/our membership at any time, subject to the rules of the Corporation.

I/We hereby submit with this application a check for \$ _____ (minimum of \$25.00).

Date _____ Signature of Applicant _____

Date _____ Signature of Spouse _____

Date _____ Signature of Sponsoring Member (optional) _____

Date _____ Action by the Board of Directors _____