



## ELETTRA MARCONI SOCIETY

450 Albert Street West, Sault Ste. Marie, ON P6A 1C3

Tel: (705) 942-5556 Fax: (705) 942-8902

### Application for Membership

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Date of Birth: (month/day/year): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Descent:  Italian  Other

Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

**I hereby apply to become a MEMBER of the ELETTRA MARCONI SOCIETY. I agree to abide by its rules and regulation. I agree that my personal information will be shared within the club for contact purposes only.**

Signature of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name and Signature of Sponsor: \_\_\_\_\_

Name and Signature of Co-Sponsor: \_\_\_\_\_

THIS APPLICATION WILL BE PRESENTED AT THE NEXT BOARD MEETING AND UPON APPROVAL, YOU WILL BE ASKED TO ATTEND THE NEXT REGULAR SCHEDULED GENERAL MEETING WITH ONE OF YOUR SPONSORS.

#### FOR SOCIETY USE ONLY

Dues Received: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Date Approved by Board of Directors:  
\_\_\_\_\_

#### NEW MEMBERSHIP DUES:

**\$35** (Jan-Aug) **\$15** (Sept-Dec)  
payable to the Elettra Marconi Society.

**Must** be submitted with completed  
Application.