## **Membership Application Form - Clayton Civitan Club**

## **Nominee's Information:**

The following information should be completed and include the signature of the perspective member. Invitation for membership will be extended only after due consideration of the governing bodies of this club in accordance with the constitution, bylaws and policies of this club.

Name:		Social Security No.:	DOB:	
Address:				
Street		City	State	Zip Code
Phone - Home:	Cell:	Email:		
Occupation:	Employer:			
Work Address:				
Street		City	State	Zip Code
Spouse's Name:				
Other Organizations:				
For Transfers/Reassignments - F	ormer Civitan Club Name:			
	,	to be subject to the constitution, by-laws, ar 675.00 plus an initiation fee of \$20.50 and to	•	•
		Date:		
Applicant's Signature				
organization and willing to active	ber for the Clayton Civitan Club.	The nominee is a person of integrity and is to make the community a better place to live		aims of our
Sponsor's Signature				
<b>Membership Committee</b> : We had qualified and approved of the sale		d individual has been informed of the aims	and ideals of our organiza	tion and is fully
Signed: Chairperson				
	rsigned, hereby certify that the abo	ove-named nominee has been duly elected	to membership according	to the bylaws
Signed:				
Club President  Club Secretary/Treasurer: This	s new member has been reported	to Civitan International and the proper fee p	paid (no fee for transfer me	ember).
Signed: Secretary				