

MEMBERSHIP APPLICATION
GERMAN AMERICAN CLUB
OF
WEST CENTRAL FLORIDA, INC.

Membership Plan: Individual:___ Spouse:___

Membership Fee: \$25.00 per year per person

Application Approval:

MEMBERSHIP APPLICATION

Yes___ No___

Mailing Address: P .O. BOX 640031

Application Fee Received_____

Beverly Hills, FL. 34464-0031

Applicant : Last Name

First Name

Member & Spouse Anniversary: Month:_____ Day:_____ Year :_____

Birthday (Male): Month:_____ Day:_____

Birthday (Female): Month:_____ Day:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Phone Number:_____ FAX Number_____

Email_____

Signature of Applicant_____ Date_____

Signature of Spouse_____ Date_____

Membership is open to all persons with an interest in furthering the objectives of this organization.