



APPLICATION & AGREEMENT FOR MEMBERSHIP
In The
TOUCHDOWN CLUB of ARLINGTON

NAME OF APPLICANT _____ / _____ / _____
(PLEASE PRINT) (FIRST NAME) (MID. INITIAL) (LAST NAME)

SPOUSE'S NAME _____

HOME ADDRESS _____ / _____ / _____
(STREET) (CITY/TOWN) (ZIP)

HOME PHONE () _____ E-MAIL ADDRESS _____
(AREA CODE) (HOME)

OCCUPATION or TITLE _____

EMPLOYED BY _____

BUSINESS ADDRESS _____ / _____ / _____
(STREET) (CITY/TOWN) (ZIP)

WORK PHONE () _____ E-MAIL ADDRESS _____
(AREA CODE) (WORK)

SIGNATURE _____

Please accept my petition for membership in the Arlington Touchdown Club. I agree to abide by its Constitution and By-Laws. In petitioning the Executive Board and the General Membership, and by signing this application, I understand and accept my responsibility as a member in the Touchdown Club of Arlington to:

- Promote the physical and social welfare of the youth of Arlington
- Promote good fellowship and sociability among the members
- Attend a monthly evening meeting on the second Thursday, from September – June at the Arlington Sons of Italy
- Support the Club's programs & mission by *ATTENDING AT LEAST SEVEN OF THE TEN REGULAR MEETINGS*
- Pay annual dues of \$90 on or before the December monthly meeting each year.

SPONSOR #1 *(I understand, As the Above Applicant's Sponsor, That I Must Be An Active Member; One Who Fulfills The Meeting Attendance Requirement; Supports Club Programs; and Who Has Paid His Dues To Date.)*

SIGNATURE _____ (DATE) _____
(Sponsor)

SPONSOR #2 *(I understand, As the Above Applicant's Sponsor, That I Must Be An Active Member; One Who Fulfills The Meeting Attendance Requirement; Supports Club Programs; and Who Has Paid His Dues To Date.)*

SIGNATURE _____ (DATE) _____
(Sponsor)

SPONSOR #3 *(I understand, As the Above Applicant's Sponsor, That I Must Be An Active Member; One Who Fulfills The Meeting Attendance Requirement; Supports Club Programs; and Who Has Paid His Dues To Date.)*

SIGNATURE _____ (DATE) _____
(Sponsor)

MEETINGS ATTENDED _____