

THE HOYT COMMUNITY CENTER, INC.

Membership Application

12/01/20__ - 11/30/20__

Date: _____

Applicant's Name: _____

Co-Applicant's Name: _____

The following information is being collected to enable The Hoyt Community Center, Inc. to notify you of all club meetings and activities.

<i>Do we have your permission to share the following information with members?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				
Address: _____				
Street Address	City	State	Zip	
Mailing Address: _____				
Address	City	State	Zip	

<i>Do we have your permission to share the following information with members?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Telephone #: _____	
Applicant's Information:	
Cellular Telephone #: _____	Work Telephone #: _____
E-mail address: _____	
Preferred form of contact: <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Text	
Co-Applicant's Information:	
Cellular Telephone #: _____	Work Telephone #: _____
E-mail address: _____	
Preferred form of contact: <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Text	

I have reviewed the Bylaws of The Hoyt Community Center, Inc. and agree to operate within said Bylaws.

Applicant

Dated

Co-Applicant

Dated

Annual club membership dues: \$20.00
Make check payable to The Hoyt Community Center, Inc. by December 1.

Membership Fee	
Date Paid:	Amount Paid:
Payment Form:	<input type="checkbox"/> Cash <input type="checkbox"/> Check - #