TRYON CIVITAN CLUB MEMBERSHIP APPLICATION

Last Name:_____ First Name:_____ MI:___

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Cell:_____

Birthday (month & day):_____

Email: _____

Civitan Sponsor:_____

I hereby request membership in Tryon Civitan Club. Upon acceptance, I agree to be subject to its constitution, bylaws, and official policies. I agree to pay the $35 initiation fee and to pay the $140 annual dues (payable $70 twice a year).

Applicant's Signature:_____ Date:_____

Please tell us a little about yourself (Other organizations, hobbies, interests or any other information what would help us know you better):

_____

_____

_____

If you have any questions, please contact Stephanie Crosby at scc@wardandsmith.com or (252) 671-5002.
Please return completed application and your check for initiation fee and membership dues to:

Tryon Civitan Club
1822-6 S. Glenburnie Road, PMB 215
New Bern, NC 28562