

Glide Community Club

last name for alphabetizing

Box for Club use only

Membership Form

Name 1 _____ Signature _____

Name 2 _____ Signature _____

Address _____ E-mail _____

Best phone number to reach you: _____

Dues per household: \$10.00

Names of Family members (not those listed above) living with you over 18 years of age:

1. _____ Signature _____

2. _____ Signature _____

3. _____ Signature _____

4. _____ Signature _____

Names of family members living with you under 18 years of age:

1. _____

2. _____

3. _____

4. _____

Are you renewing? Yes ___ No ___

Is this your first year with GCC? Yes ___ No ___

Would you be interested in being called for volunteer opportunities? Yes ___ No ___

Check # _____	Receipt # _____	Date _____
---------------	-----------------	------------