



DUNEDIN YOUTH GUILD, INC.

Membership Application

DATE: _____

NAME: _____

ADDRESS: _____, Dunedin, FL 34698

(if not Dunedin, please specify a city and zip code: _____)

OCCUPATION: _____

HUSBAND'S NAME _____

CHILDREN'S NAMES AND AGES: _____

PHONE #: _____ EMAIL: _____

BIRTHDATE: (month/day): _____

MEMBERSHIPS IN OTHER ORGANIZATIONS: _____

HOBBIES/SPECIAL INTERESTS: _____

FOR SPONSOR: I am recommending this applicant for membership because:

OTHER COMMENTS: _____

SPONSOR: _____

ENDORSER: _____

ENDORSER: _____

RETURN TO MEMBERSHIP CHAIRPERSON OR TREASURER:

APPLICATION FEE/DUES ATTACHED (\$20.00) _____

APPLICATION ACCEPTED (DATE): _____