



15 West, Fourth St.

Lowell, Massachusetts 01850

APPLICATION FOR MEMBERSHIP

Date: _____

Name: _____

Address: _____

City / Town: _____ State: _____ Zip: _____

Date of Birth: _____

Phone Number: _____

Applicant E-Mail Address: _____

Applicant Signature : _____

1) Have you ever proposed for membership in this club? Yes: No:

2) Are you willing to assume responsibility for any and all damages incurred by you or your guest while on the club's premises? Yes: No:

3) Have ever been accused of and/or found guilty of any crime other than a traffic violation? Yes: No:

4) Are you willing to serve on committees of this club? These committees serve to enhance the betterment for the East End Club, its members and the community in which we live and work. ? Yes: No:

Name of Sponsor: _____

Address: _____

City / Town: _____ State: _____ Zip: _____

(Sponsor must be a member in good standing for 2 years in order to propose a candidate)

Signature of sponsor: _____ E-Mail Address: _____

NOTICE

Initiation fees and dues of \$30.00 must be paid on the day this application is entered.

Cash / Checks to be payable to East End Club at above address.