



EAST END SOCIAL CLUB, INC.
Ladies Auxiliary
15 West Fourth St.
Lowell Mass. 01850



Date of Application: _____

Applicant's Name: _____

Street Address: _____

City & State: _____ Zip Code: _____

Date of Birth: _____ Telephone: _____

Name of Sponsor: _____ **Signature:** _____

Have you ever been proposed for membership in this club before, if so, with what results?

Answer: _____

Would your membership create a hardship on your family?

Answer: _____

Are you willing to assume responsibility for any and all damages incurred, by you or your guest, on the premises of this club?

Answer: _____

Signature of Applicant: _____

The undersigned committee of investigation, having conscientiously investigated this application, reports as follows:

Accepted _____	Rejected _____
_____	_____
_____	_____
_____	_____

Date Acceptance/Rejection Notice Mailed: _____

Secretary

A (non-refundable) sum of five (\$5.00) dollars must accompany this application. This is for initiation fees. Dues are fifteen (\$15.00) dollars per year.