



15 West, Fourth St.
Lowell, Massachusetts 01850

APPLICATION FOR MEMBERSHIP

DATE: _____

Name: _____

Address: _____

City / Town: _____ State: _____ Zip: _____

Date of Birth: _____

Telephone Number: _____

APPLICANT SIGNATURE: _____

1) Have you ever been 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 you 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: _____

Applicants E-Mail Address: _____

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:) _____

THE INDERSIGNED SCREENING COMMITTEE HAS CONSCIENTIOUSLY INVESTIGATED THE ABOVE APPLICANT AND REPORTS AS FOLLOWS:

ACCEPT _____

REJECT _____

Brother or Sister: _____

Brother or Sister: _____

Brother or Sister: _____

Initiation fees and dues shall be paid on the day the applicant is screened. Checks to be payable to East End Club at the Address above.