



15 West Fourth St.  
Lowell, Mass 01850

## APPLICATION FOR MEMBERSHIP

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

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 \_\_\_\_\_ If YES, Please explain:

4. Are you willing to serve on Committees of this Club? These Committees serve to enhance the betterment of the East End Club, its members and the community in which we live and work. YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF SPONSOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NUMBER OF YEARS BEING A MEMBER OF THIS CLUB

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

SIGNATURE OF SPONSOR: \_\_\_\_\_

The undersigned screening committee has conscientiously investigated the above applicant and reports as follows:

BROTHER: \_\_\_\_\_

ACCEPT \_\_\_\_\_

BROTHER: \_\_\_\_\_

REJECT \_\_\_\_\_

BROTHER: \_\_\_\_\_

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