



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.