

Application for Membership
The Warren Olympic Club (not-for-profit)
P.O. Box 1348 Warren, Ohio 44482

Date: _____

Applicant (first) _____ (middle) _____ (last) _____

Spouse (first) _____ (middle) _____ (last) _____

Home Address _____

City _____ State _____ Zip _____ Home Phone _____

Email address _____

Business Address (applicant) _____ Occupation _____

City _____ State _____ Zip _____ Business Phone _____

Business Address (spouse) _____ Occupation _____

City _____ State _____ Zip _____ Business Phone _____

Full names of unmarried, dependent children:

Name	Birth date (mo/day/year)	Name	Birth date (mo/day/year)
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

Personal references:

Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____

I/We hereby submit this application for a family membership in "The Warren Olympic Club, Inc." I/We acknowledge the fact that this application will be submitted to the Board of Directors of the Corporation for their review. If my family and I are accepted for membership, we agree to abide by the rules and regulations established by the Board of Directors, and any and all rules and regulations subsequently established by the governing body of the Corporation.

I/We understand that the Board of Directors has the right to reject any application upon returning an amount of money (or check) equal to the amount submitted with this Application. I/We furthermore understand that once accepted, the Board of Directors may cancel my/our membership at any time, subject to the rules of the Corporation.

I/We hereby submit with this application a check for \$ _____ (minimum of \$25.00)

Date _____ .Signature of Applicant _____

Date _____ .Signature of Spouse _____

Date _____ .Signature of Sponsoring Member _____

(Not Required For Membership / **Required For Sponsoring Member Dues Credit**)

Date _____ Action by Board of Directors _____