



## **INDIVIDUAL MEMBERSHIP APPLICATION**

The following constitutes your complete application for member in Elijah's Limited. This form need not be signed by your sponsors; they will complete a separate form. Please complete this form fully and return it with your membership application fee.

### **APPLICANT INFORMATION**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Do you agree to abide by all Bylaws?  Yes  No

Do you agree to timely remit all dues and social room tabs?  Yes  No

Will your spouse be joining as a co-member?  Yes  No

### **BUSINESS INFORMATION**

Business Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **SPOUSE / PARTNER / FAMILY INFORMATION**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Children's Names: \_\_\_\_\_

Are you Related to Any Current or Former Members?  Yes  No

Name all Relatives who are Current or Former Members: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **SPONSOR INFORMATION**

Sponsor Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*No candidate for membership shall be discriminated against on the basis of age, race, sex, sexual orientation, ethnicity or national origin.*