

youngstown
Saxon Club

SOCIAL MEMBERSHIP APPLICATION

710 South Meridian Rd. Youngstown, OH 44503

I, _____ hereby apply for a Social Membership in the Youngstown Saxon Club on this _____ day of _____ 20 _____.

Name _____ Date of Birth ____ / ____ / ____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Email Address _____

Name of Spouse _____ Date of Birth ____ / ____ / ____

Children _____

Occupation _____ Title _____

Employer _____

Present Organizations You Belong to _____

References (1) _____ (2) _____ (3) _____

This application and membership, if accepted, is subject to all rules, by laws and the constitution of the Youngstown, OH Saxon Club in force.

Sponsored by (Print) _____ Fraternal Member in Good Standing

Sponsor's Signature _____ Date ____ / ____ / ____

Applicant's Signature _____ Date ____ / ____ / ____

Office Use Only:

Date Recvd: _____ Member # _____ Card ID _____ Paid Amount _____