

**Lewisville Civic Club**  
Post Office Box 293  
Lewisville, North Carolina 27023  
**MEMBERSHIP APPLICATION/INFORMATION FORM**

**Date of Application** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
Last First M.I.

**NICKNAME OR NAME TO BE USED ON NAME TAG:** \_\_\_\_\_

**BIRTHDAY:** Month \_\_\_\_ Day \_\_\_\_ **SPOUSE'S NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_  
House Number & Street City Zip Code

**e-mail address:** \_\_\_\_\_  
Home Work

**MAILING ADDRESS:** \_\_\_\_\_  
Hse No & Str or PO Box City Zip Code

**HOME PHONE:** \_\_\_\_\_ **HOME FAX:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ **WORK FAX:** \_\_\_\_\_

**PAGER #:** \_\_\_\_\_ **BEST TIME TO CALL:** \_\_\_\_\_

Please indicate the events or activities in which you wish to become involved:

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Christmas Parade        | <input type="checkbox"/> Publicity         |                                      |
| <input type="checkbox"/> Christmas Tree Lighting | <input type="checkbox"/> Fund Raising      |                                      |
| <input type="checkbox"/> Scholarship Committee   | <input type="checkbox"/> Candidates' Forum | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Golf Tournament         | <input type="checkbox"/> Fall Brunch       |                                      |

How many hours would you like to volunteer each month? \_\_\_\_\_

**ANNUAL DUES:** \$100 yr **AMOUNT PAID:** \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**SPONSOR'S SIGNATURE:** \_\_\_\_\_

**Please forward completed application to Civic Club Treasurer or Treasurer Elect.**

**THIS SECTION FOR OFFICIAL CLUB USE:** DATE RECEIVED: \_\_\_\_\_

**BOARD OF OFFICERS' ACTION:** DATE: \_\_\_\_\_  APPROVED  DISAPPROVED

**DATE SECRETARY ADDED MEMBER TO MEMBERSHIP LIST:** \_\_\_\_\_

**DATE PRESIDENT PROVIDED WELCOME:** \_\_\_\_\_