



YP Civitan Club • Application for Membership

Name _____

Address _____

City/State/Zip _____

Phone (____) _____ - _____ Email _____

Employer/ Job Title _____

Hometown _____ Date of Birth _____

Sponsor _____ Sponsor's Club _____

Former Civitan Club _____ Date of Membership in Former Club _____

City _____ State/Province _____

Payment Method: Check Cash Amount: \$____ quarterly \$____ annually

Indicate your special interest areas for YP Club involvement:

- | | | |
|---|--|--|
| <input type="checkbox"/> Publicity/PR | <input type="checkbox"/> Social Media | <input type="checkbox"/> Recruitment |
| <input type="checkbox"/> Community Projects | <input type="checkbox"/> Social Activities | <input type="checkbox"/> Budget/Finance |
| <input type="checkbox"/> Fundraising | | <input type="checkbox"/> Other (specify) _____ |

Are you interested in serving in a leadership position? (Offices include President, President-Elect, Secretary, Treasurer, Director of Membership and Retention, Director of Service Projects, Director of Programs, Director of Budget /Finance and Director of Fundraising.) Yes No

I hereby request membership in the YP Civitan Club of _____. Upon acceptance, I agree to be subject to its Constitution, Bylaws and official policies. I agree to pay International and club dues as billed by the club.

Signature of Applicant

Date