

APPLICATION FOR MEMBERSHIP

GREENCASTLE SPORTSMEN'S LADIES AUXILIARY

Membership is open to anyone over 16 years of age

Please complete application and mail to:
Cindy Goetz, Secretary/Treasurer
131 S. Allison St.
Greencastle, PA 17225

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ CELL PHONE: _____

EMAIL: _____

** You must be willing to help with at least two banquets, dinners or ox roasts being held by the association.

Name of Sponsoring Member: _____

Dues are \$10.00 per year and must be paid by April 1st of every year.

Applicant Signature

Date

*****To be Filled in by Secretary*****

Date Approved _____

Date Rejected _____