



CLUB SPORT UNIAO MADEIRENSE

46 MADEIRA AVENUE
CENTRAL FALLS, RI 02863
FUNDADO EM 8-5-1923
401-726-9449



MEMBERSHIP APPLICATION

QUESTIONS TO BE ANSWERED BY APPLICANT

1. State your name, residence, telephone number and occupation.

Name: _____ DOB: _____
(print name)

Residence: _____
(print address)

Telephone number - - (home) Occupation: _____
- - (business)

2. State the place of your birth.

Born in the City or Town of: _____

State of: _____ Country of: _____

3. Are you a Citizen of the United States of America? Yes No

4. If you become a member of the Club S. U. Madeirense would you be willing to assist the club should the need arise?
 Yes No

5. Do you anticipate any special benefits by becoming a member of this organization? Yes No

6. Give the references of at least two members of this organization, stating the name and place of their residence.

1. _____
Print Name Address

City State Zip Signature

2. _____
Print Name Address

City State Zip Signature

Date Signed

Signature of Applicant

Board of Directors Approval _____

Assembly Approval _____

Date: _____

Date: _____