



CLUB S.U. MADEIRENSE

46 MADEIRA AVE. CENTRAL FALLS, RI 02863

FOUNDED 1923

Tel. 401-726-9449

www.madeiraclub.org

MEMBERSHIP APPLICATION



Date: ____/____/____

Print the following information. All questions must be answered!

1. STATE YOUR NAME, RESIDENCE, TELEPHONE, AND OCCUPATION:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Cell phone: (____) _____

E-mail address: (optional): _____

Occupation: _____

2. STATE THE PLACE OF YOUR BIRTH:

Date of 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 CLUB? YES: ____ NO: ____

If YES, please specify: _____

6. GIVE THE REFERENCE OF AT LEAST TWO MEMBERS OF THIS ORGANIZATION:

Name: _____ Address: _____

City: _____ State: ____ Zip _____ Signature: _____

Name: _____ Address: _____

City: _____ State: ____ Zip _____ Signature: _____

Signature of applicant: _____

Board of Directors Approval: _____ Date: _____

Fiscal Committee Approval: _____ Date: _____

General Assembly Approval: _____ Date: _____