



GRASONVILLE COMMUNITY CENTER

5601 Main Street
 PO Box 383
 Grasonville, Maryland 21638

MEMBERSHIP APPLICATION

GENERAL INFORMATION

Date of Application: ___/___/20___

- Membership begins upon accepted application. You will receive a membership card for one year beginning on the date of completed application and paid dues by mail.
- Make all checks/money orders payable to: Grasonville Community Center, Inc.
- There are no partial payments – full payment is due at the time of application.

ANNUAL MEMBERSHIP FEES

Adults	Ages 18 & Older	\$30.00	<input type="checkbox"/>
Youth	Ages 10 – 17	\$15.00	<input type="checkbox"/>
Organization	Non-Profit/Profit	\$150.00	<input type="checkbox"/>
Lifetime	Open to All	\$500.00	<input type="checkbox"/>

APPLICANT INFORMATION

Name:		Email Address:
Mailing Address:		Phone:
City:	State:	Zip Code:

EMERGENCY CONTACT * (optional)

Name:		Email Address:
Mailing Address:		Phone:
City:	State:	Zip Code:

Relationship:

SIGNATURE

I certify that the information provided on this form is accurate.

Applicant Signature:	Date: ___/___/20___
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OFFICE USE ONLY

Date Received:	Staff Initials:	Amount Paid: \$
Paid By: Check <input type="checkbox"/> # _____ Money Order <input type="checkbox"/> # _____ Cash <input type="checkbox"/> _____		