

GRASONVILLE COMMUNITY CENTER

5601 Main Street P.O. Box 383 Grasonville, MD 21638

MEMBERSHIP APPLICATION

Grasonville Community Center Mission

The mission of the Grasonville Community Center, Inc (GCC). is to provide life-enriching experiences, valuable resources, and empowering programs to all individuals through diverse community events, youth activities, individual and family services and collaboration with other organizations to service the public.

Membership

Membership begins upon receipt of this application. You will receive a membership card for one year beginning on the date of completed application and paid dues received. There are no partial payments. Make all checks/money orders payable to Grasonville Community Center, Inc. Please see below for membership options.

- 1. **General Membership** is valid for one year. Members will receive 10% off all rentals and GCC Events.
- 2. <u>Group/Organization Membership</u> is valid for one year. Group/Organization will receive 10% off all rentals along with access to the GCC for a 90-minute monthly meeting during off peak days/hours.

Annual Membership Fees & Selection

Membership Type	Age Group	Annual Fees
Adult	Ages 18 & Older	\$30.00
Youth	Ages 10 -17	\$15.00
Group/Organization	Non-Profit/Profit	\$500.00

Applicant/Organization Information

Date of Application:		Membership Type:	
Name:		Email Address:	
Mailing Address:		Phone:	
City:	State:		Zip Code:

Emergency Contact *Optional

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

Committees/Panel

on a committee to enable the GCC to achieve member. Please check the areas below that our organization forward.					
Governance & Operations Committee	Programs & Services Committee	Fundraising Committee			
Finance & Development Committee	Communications & Public Relations C	Committee			
Additional Information					
Give a brief description of the knowled, the GCC (Community):	ge and skills you or your organization	possess that could be used to benefit			
What programs or initiatives would you like to see the GCC explore or be involved with:					
Additional information you would like to sha	are with the GCC:				
Signature					
I certify that the information provided on this	form is accurate.				
Applicant Signature:		Date:			
GCC OFFICE USE ONLY					
Date Received:	Staff Signature:	Amount Paid:			
Paid By: Check #	Paid By Money Order #	Paid by Cash:			

The GCC needs your invaluable input and dedication to continue to support the community. We would be pleased if you would serve