

Membership Application

The Renaissance Club, Inc.

203-626-9410

I am applying for membership to the Renaissance Club, Inc.

I understand I must:

- Have at least thirty (30) days of continuous sobriety
- Have obtained the signature of a current member to sponsor my request
- Keep my dues current (no more than two months in arrears)
- Follow House Rules and read the By-Laws, when available
- Be responsible for the conduct of my guests

I understand failure to do any of the above will result in termination of membership.

Signature: _____ Date: _____

I am a current member of the Club and approve _____'s application.

Signature: _____ Date: _____

Member Information (Please print)

Name: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email: _____ Sobriety Date: _____

Please provide an Emergency contact:

Name _____ Phone Contact _____


Membership Dues circle choice below:

\$200 in full for 12 months

\$100 for 6 months

\$20 per month

Donation for scholarship fund for someone who cannot afford to join: _____

OFFICE USE ONLY Pd by: Cash/ Check/ Venmo Amount: Date: To:	Make checks payable to: Renaissance Club, Inc. 68 Quinnipiac Street Wallingford, CT 06492 Venmo: @ren-clubwallingford	@ren-clubwallingford  venmo
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