



MEMBERSHIP APPLICATION FORM CLUB YEAR 2008

I (we) hereby apply for membership in the following category: Individual (AFL 60)____ Family (AFL 125)_____

FAMILY NAME: _____

FIRST NAME: _____ BIRTH DAY: _____

SPOUSE NAME: _____ BIRTH DAY: _____

CITIZENSHIP: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

CELLULAR HE: _____ CELLULAR SHE: _____

EMAIL: _____

May we include your contact information in a Membership directory? Yes / No

I (we) have _____ Children:

Name: _____ Birth Day: _____

Name: _____ Birth Day: _____

Name: _____ Birth Day: _____

Name: _____ Birth Day: _____

Application date: _____

SIGNATURE: _____

Your contact information will be used in the membership directory ONLY and will never be revealed without your consent to third parties. Members can receive, upon request, a copy of the organization's bylaws. Newsletters are sent via email. 50% membership fees are available after June 1st only. Visit www.ifaruba.com for additional information.