



Ormocanon Circle, USA

29088 Summersweet Place
Murrieta, CA 92563
Tel. #: (951) 834-7849
<http://www.ormocanon.org>

AFFIX
LATEST
PHOTO
(2" X 2")

Membership Application Form

Critical Information:

Full Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Tel. Phone #: _____ (H) _____ (W)

Fax phone #: _____ Cell phone #: _____

E-mail: _____ Facebook name: _____

Optional Information:

Date of Birth: _____ Place of Birth: _____

Marital Status: Single Married Spouse's name: _____

Spouse's Date of Birth: _____ Spouse's Place of Birth: _____

Name(s) of child(ren) if any:

1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

4. _____ Age: _____

<u>MEMBERSHIP DUES: (check applicable block)</u>	<u>Initial</u>	<u>Renewal/year</u>
• Per person (18 years old and above)	\$10.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>

Affixed below is my signature signifying my desire to be a full-pledged member in good standing of the *Ormocanon Circle, USA*. Attached is a check/money order in the amount of \$ _____ for my membership dues as noted above for the year _____.

Signature: _____ Date: _____

YES, DO DO NOT Publish my picture in the organization website.

Check applicable block above whether you DO or DON'T desire to have your picture posted in the club website at <http://www.ormocanon.org> (blank means YES).

The blocks below are for Ormocanon Circle Admin use only. Please do not write in these blocks.		
Received by: Date:	Secretary Received date:	Treasurer Received date: