

Knights of Momus



KNIGHTS OF MOMUS APPLICATION FOR MEMBERSHIP

(PLEASE TYPE OR PRINT)

DATE: _____

NAME: _____

WIFE'S NAME: _____

HOME ADDRESS: _____
City State Zip

HOME PHONE: (_____) _____

BUS. ADDRESS: _____
City State Zip

BUS. PHONE: (_____) _____

E-MAIL ADDRESS: _____

FAX NO.: (_____) _____

OCCUPATION: _____

EMPLOYER: _____

NOMINATED BY: _____
Print Name Signature

SECONDED BY: _____
Print Name Signature

ADDITIONAL INFORMATION: _____

BOARD ACTION: _____ DATE: _____

MEMBERSHIP YEAR:
JUNE 1 THROUGH MAY 31

INITIATION FEE: \$250.00
ANNUAL DUES: 275.00
FIRST YEAR COSTS: \$525.00