



2015-2016 MEMBERSHIP APPLICATION

Membership Type: _____ New Member _____ Annual Renewal

Annual Membership Dues:

_____ Individual (\$25.00) _____ Individual + 1 (\$35.00) _____ Family (\$45.00)

Area(s) of Interest: Please check all that apply

_____ Board Member _____ Volunteering _____ Social Activities

Member Information:

Primary Member:

First Name _____ Last Name _____ Gender: M / F
Address _____
City _____ State _____ Zip _____
Preferred Contact # (Home / Cell) _____ E-mail _____

Member #2:

First Name: _____ Last Name: _____ Gender: M / F
Relation to Primary Member: _____ Student: Y / N Grade Level: _____

Member #3:

First Name: _____ Last Name: _____ Gender: M / F
Relation to Primary Member: _____ Student: Y / N Grade Level: _____

Member #4:

First Name: _____ Last Name: _____ Gender: M / F
Relation to Primary Member: _____ Student: Y / N Grade Level: _____

Additional Family Members Recorded on Back _____ Y / N

Member Acknowledgement

By signing below, I agree to comply with Cleveland Touchdown Club Charities Code of Conduct *. I also acknowledge the code of conduct applies to any underage family members I am currently enrolling or may enroll as members in the future and will ensure their compliance as their legal guardian.

Member Signature _____ / Date _____ Printed Name _____

* Cleveland Touchdown Club Charities Code of Conduct is available online at www.clevelandtouchdownclub.org/codeofconduct

Additional Family Members

Member #5:

First Name: _____ Last Name: _____ Gender: M / F
Relation to Primary Member: _____ Student: Y / N Grade Level: _____

Member #6:

First Name: _____ Last Name: _____ Gender: M / F
Relation to Primary Member: _____ Student: Y / N Grade Level: _____

Member #7:

First Name: _____ Last Name: _____ Gender: M / F
Relation to Primary Member: _____ Student: Y / N Grade Level: _____

Member #8:

First Name: _____ Last Name: _____ Gender: M / F
Relation to Primary Member: _____ Student: Y / N Grade Level: _____

CTCC USE ONLY:

Authorized Membership Type: _____ New Member _____ Membership Renewal
_____ Individual (\$25.00) _____ Individual + 1 (\$35.00) _____ Family (\$45.00)

Payment Record:

Amount: _____ Cash / Check # _____ / Credit Card Authorization Code _____

If not paying in person, please send application with check payable to:

CTCC c/o Membership PO Box 81103 Cleveland, Ohio 44181