



German-American Klub of Indianapolis, Inc.

8602 South Meridian St. • Indianapolis, IN 46217
(317) 888-6940

<input type="checkbox"/> NEW MEMBERSHIP APPLICATION <input type="checkbox"/> MEMBERSHIP RENEWAL APPLICATION
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To the Membership Chairman:

* Date: _____ 20__

I hereby apply/reapply for membership in the German-American Klub of Indianapolis, Inc. as designated below and promise to observe the rules and regulations of the Klub.

* Home Phone: _____ Cell Phone: _____ Work Phone: _____

* Full Name: _____ * DOB: (mm/dd) _____
(Please Print Clearly)

* Spouse's Name: _____ * DOB: (mm/dd) _____

* Address: _____ * City: _____ * State _____ * Zip: _____

Children under 21 at home: # Boys, Ages: _____ # Girls, Ages: _____

Your occupation: _____ Spouse's occupation: _____

* Email address: _____
(Please Print Clearly)

* Send Newsletter by: E-Mail US Postal Service

I understand that membership entitles me to certain privileges as well as the assessment of dues which are payable at the beginning of each calendar year. (Lifetime Memberships are exempt from annual dues.)

* Please indicate the proper membership class:

Class	Initiation	Dues	Restrictions
<input type="checkbox"/> Lifetime (Individual or Family)	\$500.00	-0-	None
<input type="checkbox"/> Active (Individual or Family)	-0-	\$50.00	None
<input type="checkbox"/> Senior (Individual or Family)	-0-	\$25.00	Age 65 or older. Spouse's age 60 or older.
<input type="checkbox"/> Student (Individual only)	-0-	\$5.00	Age 21 or less and currently enrolled in an accredited learning institution. No voting rights and cannot hold elected office.

* Please make check payable to **"German-American Klub"** and mail to the address at the top of the page.

* Signed: _____

Additional Comments _____

FOR OFFICE USE ONLY

* Date Rec'd:	* Rec'd by:	* Amount Rec'd:	* Pd by: Cash Ck M.O. Charge Groupon (circle one)	
* Records updated		* Membership cards mailed		

*Mandatory information