

Referred by: _____



German-American Klub of Indianapolis, Inc.
8602 South Meridian St. • Indianapolis, IN 46217
318.888.4690

MEMBERSHIP APPLICATION

To the Membership Committee:

* Date: _____ 20__

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

* Membership shall be for (circle one): Individual Family Life * Home Phone: _____

* Full Name: Miss
Mr. _____ * DOB _____
Mrs. _____ (Please Print Clearly)

* Street: _____ * City: _____ * State: _____ * Zip: _____

Marital Status: M S * Spouse's Name: _____ * DOB: _____

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

Your occupation: _____ Spouses 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 Membership is excluded from yearly dues.)

* Please indicate the proper membership class:

Class	Initiation	Dues	Restrictions
Lifetime (Individual or Family)	\$500.00	-0-	None
Active (Individual or Family)	-0-	\$50.00	None
Senior (Married or Single)	-0-	\$25.00	Age 65 or older. Spouse has to be age 60 or older.
Student	-0-	\$5.00	Age 21 or less and enrolled in an accredited institution. No voting rights and cannot hold elected office.

Signed: _____

Additional Comments _____

FOR OFFICE USE ONLY

Date Received:	Amount Received:
Membership Card Issued:	