

The ShipMates Club of Baltimore, Inc.

Membership Application

I hereby apply for membership in the ShipMates Club of Baltimore, Inc.

Please Print:

Name: _____

Address: _____ Date of Birth: _____

City: _____ Occupation: _____

State, Zip: _____ Home Phone: _____

E-mail: _____ Cell Phone: _____

Website: _____ IM Name: _____

Club Affiliation(s): _____

Please give us your reasons for wishing to join the ShipMates Club of Baltimore, Inc.:

1. _____ 2. _____
Name of ShipMate Sponsors

1. _____ 2. _____
Signatures of ShipMate Sponsors

I understand that, if accepted, I will abide by the By-Laws of the ShipMates Club of Baltimore, Inc. Furthermore, I understand that my ShipMates patches remain the property of the ShipMates Club and will be returned if or when my affiliation with the Club is terminated.

Signature of Applicant

Date

For Club Use Only:

Sponsoring Members in good standing: [Circle One: Yes No]

Application Presented on: _____

Application Rejected: [Circle One: Yes No]

Date of First Meeting: _____

Date of 3 month Vote: _____ [Circle One: Pass Fail]

Date of 6 month Vote: _____ [Circle One: Pass Fail]