

MISCOWAUBIK CLUB
P. O. Box 109
57035 Calumet Avenue
Calumet, MI 49913
(906) 337-0603
misco@up.net

Proposal for Membership

Date _____

Full Name of Applicant (with title, if appropriate) _____

Spouse's Name _____	Business or Profession _____
	Name of Business _____
Residential Address _____	Position or Title _____
City/State/Zip _____	Street Address _____
Phone _____	City/State/Zip _____
E-mail address _____	Phone _____

Professional/Business Affiliations _____

Civic and other Affiliations _____

Category of Membership Application

- _____ **Regular** membership (for residents)
- _____ **Single** membership (regular membership for appropriate applicants)
- _____ **39 and Under** membership (resident membership wherein the applicant is under the age of 40 years (please indicate Birth Date _____))
- _____ **Non-Resident** membership (limited to individuals who live out of the area for 5 months or more each year)
- _____ **Business Associate** membership (use of facilities during daytime hours to conduct business meetings and luncheons, host company retreats, or entertain clients)

Signature of First Sponsor _____ has known Applicant for _____ years

Signature of Second Sponsor _____ has known Applicant for _____ years

Signature of Third Sponsor _____ has known Applicant for _____ years

In order to be eligible for any class of membership, a person shall be at least twenty-one (21) years of age and of good character. Admission to membership shall be available without restriction based on race, gender, religion, or national origin. Admission to membership is dependent upon the action of the Board of Directors of the Miscowaubik Club at a regularly scheduled meeting.

Date Posted _____ **By** _____