

## Basque Club 949 Valencia San Francisco, CA 94110 www.BasqueClub.com

## **Application For Membership**

Name:					
Address:	(Str	reet address)			
-					
	(Cit	ty, State, Zip)			
Tel:					
Email:					
Date Of Birth:					
City And Coun	try Of Bir	th:			
Profession:					
Married:		_ Yes		_ No	
Children:		_ Yes		_ No	
Children's Date	e(s) of Bir	rth:			
Do you speak:		_ Basque	French	Spanish	1
Are you interes	ted in:	Choir	Dance	Klika	Mus
a. Why are you	ı applying	for membership	p to the Basque C	Club?	

b. How can you contribute to	this community?			
c. Do you have any special s	skills? (ex: design,	sewing, computer	, etc.)	
d. Have you previously been	a member of the B	asque Club?	yes	no
I understand that this is a non amount of the regular members signed by two (2) members in Trustees. As a member I am of Trustees and regulated by	ership fees. The app of good standing and subject to the rules	olication must be realist subject to appro	ecommended oval by the B	and oard of
Signed:		Date:	/	_/
Recommended by:				
Approved by the Board of Tr	ustees:	(Preside	ent)	
Date Admitted:		/ /		