

LONG BEACH CASTING CLUB

APPLICATION FOR MEMBERSHIP

This application should be submitted to any member of the Board of Directors or mailed to the following address:

Long Beach Casting Club
P.O. Box 90035
Long Beach, CA 90809-0035
Attention: Membership Secretary

PLEASE PRINT LEGIBLY.

NAME: _____ SPOUSE'S NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PH: _____ WORK PH: _____ CELL PH: _____

E-MAIL: _____ OCCUPATION: _____

How/who did you learn of the Club? _____ Sponsoring member: _____

CLASSES OF MEMBERSHIP & FEES

Individual Membership	Adult, 18 or older	\$60.00
Family Membership	1 or 2 adults, and children under 17 years of age at the same address	\$70.00
Junior Membership	Youth 17 or younger	\$8.00
Initiation Fee*	One time required for all <u>new primary member</u> (and \$5.00 for each additional Family member)*	\$10.00 \$ (ea. additional)

A membership year is from April 1st through March 31st. Dues are not prorated.

Dues for applicants elected after January 1st and before March 31st are considered paid for the following membership year.

Target Talk options:	Target Talk Monthly Newsletter (hard copy, mailed to your home)	\$10.00
	Target Talk Monthly Newsletter (view, print or download from our Website; we'll send an email each month to remind you)	No Charge

ALL APPLICANTS

Attached is my total remittance for \$_____, which covers my dues of \$_____ for the current year and the \$10.00 individual initiation (**and \$5.00 for each additional family**) fee and Target Talk (optional). If I am elected to membership in the Long Beach Casting Club, I hereby agree to abide by the rules of the *Constitution and Bylaws* of the club.

Signed: _____ Date: _____
(Make all checks payable to Long Beach Casting Club)

JUNIOR APPLICANTS

As a Junior member, I understand that if I become 18 years of age before April 1, I will be immediately transferred to Individual Membership with my dues paid through March 31.

Signed: _____ Date: _____

FAMILY MEMBERSHIPS

List the names of all family members and birth dates of family's children applying for membership (age 17 and younger)

FOR MEMBERSHIP SECRETARY/BOARD OF DIRECTORS USE ONLY

Application Received _____ Approval Date _____ Notification Letter _____ Membership Packet _____

Email added to listserve _____ Badge Number(s) _____