



Membership Application

Applicant Information

Name:			
Date of birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Phone:	
Current address:			
City:	State:	ZIP Code:	
Have you ever been convicted of a felony, (either applicant if joint application)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

Employment Information

Current employer:		
Employer address:	How long?	
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		

Professional Information/Affiliations/Family Background:



Membership Application

Applicant Volunteer History

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Emergency Contact

Name of a relative not residing with you:

Address:	Phone:
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City:	State:	ZIP Code:
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Relationship:

Spouse Information

Name:

Date of birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Phone:
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Spouse Employment Information (if joint membership)

Current employer:

Employer address:	How long?
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Phone:	E-mail:	Fax:
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City:	State:	ZIP Code:
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Position:

Professional Information/Affiliations/Family Background:

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Membership Application

Joint Applicant Volunteer History

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Children's Names (if any)

Name	Name
Name	Name

Commodore Sponsor or Application Referred By

Name	Address	Phone

Based on the information from my sponsor, I agree to the following:

1. To uphold the high standards of the Commodores. Yes No
2. Attend scheduled Commodore member functions (as schedule permits) and actively participate in Commodore activities annually. Yes No
3. Pay annual dues (currently \$200) within 60 days of receipt of notice. Yes No
4. Raise a minimum of \$500 in cash or "like kind" gifts for the Commodores annually. Yes No
5. Pay a \$250 initiation fee which prepays for the Commodore outfit, (white jacket, hat, tie, gloves) included with application.

* All applicants proposed for membership after May 1 each year shall be required to raise a minimum of one-half of the first year fundraising requirement.

Initiation Fee of \$250 with check payable to Seattle Commodores to be attached to application.



Membership Application

Signatures

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership)</i> :	Date:

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Application Approval (For Internal Use Only)

Screening Committee Action	Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>	Date:
General Membership Action	Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>	Date:
Personnel Officer Name (printed)			
Signature			
Date			