



## SHARON MEN'S CLUB

### APPLICATION FOR MEMBERSHIP

EMAIL TO:

Harvey Janson: [judyandharvey@comcast.net](mailto:judyandharvey@comcast.net)

Phil Rosen: [monaphil@aol.com](mailto:monaphil@aol.com)

Your check in the amount of \$40.00 (\$25.00 Annual Dues and \$15.00 Administration fee) and be made out to the **SHARON MEN'S CLUB** and turned into our Treasurer, Ralph Jacobs, on the morning of the day you are voted in as a member.

DATE: \_\_\_/\_\_\_/20\_\_\_ SMC SPONSORS NAME: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ AGE: \_\_\_; D/O/B: \_\_\_/\_\_\_/\_\_\_

WIFE/FRIEND NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT#: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_; CELL: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_ BUSINESS: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_

FORMER RESIDENCE OF SHARON (PROOF REQUIRED)

NUMBER OF YEARS LIVED IN SHARON: \_\_\_\_\_ YEARS OUT OF SHARON: \_\_\_\_\_

FORMER SHARON ADDRESS: \_\_\_\_\_

SEASONAL RESIDENCE(IF APPLICABLE): LEAVE DATE: \_\_\_/\_\_\_; RETURN: \_\_\_/\_\_\_

ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_

EMPLOYED:  RETIRED:  PART TIME:  FULL TIME:

FORMER OCCUPATION (S): \_\_\_\_\_

CURRENT (IF WORKING): \_\_\_\_\_

COMMITTEES: BREAKFAST : INVESTMENT CLUB : MEMBERSHIP

TELEPHONE SQUAD : THEATER : TRAVEL : INSTALLATION

OTHER: \_\_\_\_\_: CARD PREFERENCE: WHIST  CRIBBAGE

GAMES: CHESS : GOLF : POOL/BILLIARDS : BOCCI : PICKLE BALL

WALKING : SPEAKER : SHIRT SIZE: (SM\_\_\_) (MED\_\_\_) (LGE\_\_\_) (XL\_\_\_)

WOULD YOU LIKE TO LEARN ABOUT ANY OF THE ABOVE: YES : NO

OTHER INTERESTS: \_\_\_\_\_

**Meetings are held every Tuesday at 9:15AM in the Sharon Community Center. Coffee and at 8:30AM.**

**The first Tuesday of every month is a breakfast meeting unless otherwise notified@ \$8.00/ per person.**