



APPLICATION FOR MEMBERSHIP



I wish to apply for membership in the Community Council with the understanding that the information given will also be used for base admittance/clearance.

Date: _____ US State that issued ID: _____ Date of Birth: _____

Full Name: [First, Middle (no initials, if none state "none"), Last] _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Name for Name Badge: _____

Home Phone: _____ Business or Cell: _____

E-mail: _____

Check one: Self Employed Retired Name of Employer/Business: _____

Business or Employment Address: _____

City: _____ State: _____ Zip: _____

Business position or title: _____

Veteran: Yes No Branch of Service _____

Why do you wish to become a member of the 128 ARW Community Council? _____

Applicant

Signature: _____ Print Name: _____

Membership is open to persons in the community in good standing, who possess a valid drivers license, and who have an interest in 128 ARW. This application shall be regarded as an expression of the applicant's willingness to abide by the Council's Articles of Association if elected to membership. Articles of Association available upon request.

A check must be submitted with this application:

- \$135.00 (full year) January-December
- \$102.00 (3/4 year) April-December
- \$68.00 (half year) July-December
- \$34.00 (1/4 year) October-December

I wish to give an additional contribution of: \$ _____

**128 ARW Community Council • Kate Gloede, Council Board Member and Registrar
(414) 702-7171 • Mail: 1909A Mallard Pointe Cir, Waukesha, WI 53189**

OFFICE USE ONLY: Date _____ Check No. _____ Amount Rec'd _____ Rec'd By _____