



APPLICATION FOR MEMBERSHIP

Office of the Secretary
Jim Lail • PO Box 633 • Lincolnton, NC • 28093-0633
704-732-4057 Fax 704-732-4059

Classification

- Manufacturer
- Wholesaler
- Manufacturers Representative
- Trade Publication
- Other _____

Company Information

First Name _____ Last Name _____ Title _____
 Company _____
 Address _____ PO Box _____ Po Box Zip _____
 City _____ State _____ Zip _____
 Phone _____ Ext _____ Fax _____ E-Mail _____
 Web Site _____

Personal Information

Home Address _____ PO Box _____ Po Box Zip _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ E-Mail _____
 Birthday ___ / ___ / ___ Nickname _____
 Do you play golf? Yes No USGA Handicap _____ or Average Score _____

Initiation Fee: \$100 (one time charge) **Annual Dues: \$150** (payable upon receipt of dues notice - amount due whether member attends the annual meeting or not)

New members must include the Initiation Fee of \$100 and Annual Dues of \$150 with the application form.

Inasmuch as our membership is limited, your application will be submitted to the Membership Committee for action when a vacancy occurs. The Secretary will inform you when such action has been taken by the Committee.

Proposed by _____ Company _____
 Seconded by _____ Company _____

PLEASE RETURN THIS APPLICATION TO THE SECRETARY'S OFFICE