



## Membership Application

Civitan Club of Fairfax

Name \_\_\_\_\_

Employer or Firm \_\_\_\_\_

Title \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

Other activities \_\_\_\_\_

Optional demographic information:

Male  Female  Married  Single

Date of birth \_\_\_\_\_

Spouse's Name \_\_\_\_\_ No. of Children \_\_\_\_\_

### I hereby request membership in the Fairfax Civitan Club.

Upon acceptance I agree to be subject to its Constitution, Bylaws, and official policies. I agree to pay the sum of \$17.50 as an initiation fee (checks payable to Civitan International) and pay the regular dues to the club, district, and Civitan International as billed by the club. I understand that \$2.50 of my annual dues shall be applied as a subscription to *The Civitan Magazine*.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sponsor's Name \_\_\_\_\_

### Indicate your special interest areas for Civitan Club involvement

<input type="checkbox"/>	Youth Work	<input type="checkbox"/>	Fund Raising	<input type="checkbox"/>	Community Projects
<input type="checkbox"/>	Newsletter	<input type="checkbox"/>	Social Activities	<input type="checkbox"/>	Membership Growth
<input type="checkbox"/>	Programs	<input type="checkbox"/>	Budget/Finance	<input type="checkbox"/>	Fellowship/Attendance
<input type="checkbox"/>	Publicity	<input type="checkbox"/>	Scholarships	<input type="checkbox"/>	New Club Building
<input type="checkbox"/>	Awards	<input type="checkbox"/>	Junior Civitan	<input type="checkbox"/>	Bingo
<input type="checkbox"/>	Other (Specify)				