



Membership Application

Civitan Club of Fairfax

Name _____

Employer or Firm _____

Title _____

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 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*.

_____ Date _____

Signature of Applicant

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)				