

AUGUSTA BOSTON
CLUB, Incorporated
P.O. Box 798 - Medford, MA 02155

- APPLICATION FOR MEMBERSHIP (With Roots to Augusta, Sicily)*
 APPLICATION FOR ASSOCIATE MEMBERSHIP

Date initiated _____
Date approved _____
Date sworn in _____
(For Officers)

INSTRUCTIONS

1. Answer all questions.
2. Admission fee of \$25.00 must accompany application.
3. Annual dues will be paid after acceptance.
4. Application to be forwarded to the Club Secretary for approval by the Assembly.

I, _____, hereby apply for membership
in the Augusta Boston Club, Inc.

Name _____ Telephone _____

Address _____

(City) (State) (Zip Code)

Date of birth _____ Place of birth _____

Married _____ Single _____ Name of spouse _____
(Maiden Name)

Occupation _____

If accepted as a member, I will work and strive for the betterment of the Club, to be a good member, to obey the Club bylaws, and not to cause any harm to any member or to the Club.

I affirm to know the applicant, _____ Date _____
and he is of good moral character

(Signature of Sponsor) (Signature of Applicant)

***Roots information regarding Augusta, Sicily:**

- Born in Augusta A Resident of Augusta Descendant of Augustanese Wife is Augustanese