



MEMBERSHIP APPLICATION

(Please complete form and remit payment to the Atlantic Club or mail to the address at bottom of page)

MEMBER NAME: _____

EMAIL: _____

(We are going GREEN; please provide email address for Newsletter and Club info)

CELL PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ANNUAL MEMBERSHIP FEES (Jan 1st - Dec 31st)

- New Membership Renewal Membership
- \$25 Single Membership \$50 Family Membership

½ YEAR MEMBERSHIP FEES (July 1st - Dec 31st)

- \$15 Single Membership \$30 Family Membership

ADDITIONAL FAMILY MEMBERSHIP NAMES

(Family Memberships are limited to a total of 6 Individuals which includes the Primary Member)

NAME: _____

NAME: _____

NAME: _____

NAME: _____

NAME: _____

The Atlantic Club is always looking for volunteers.

Please let us know if you are interested in any of the following below:

- Activities Committee Outreach Committee
- Membership Committee Fundraising
- Other _____