

WEST POINT INN ASSOCIATION

APPLICATION FOR MEMBERSHIP

Please Print Legibly

Name _____ DOB MM/YY____/____

Address _____

Telephone-home _____ cell _____

E-Mail Address _____

Employer _____ Occupation _____

Employer's Address _____

Spouse/Partner (Joining as a couple) _____ DOB MM/YY____/____

(Note: Both parties must complete two work parties and/or work two pancake breakfasts)

Telephone-home _____ cell _____

E-Mail Address _____

Employer _____ Occupation _____

Employer's Address _____

Applicant(s) has completed working at least two Work Party (WP) and/or Pancake Breakfast (PCB) events on these dates. The Event Chair shall verify by signing and dating for each event:

APPLICANT: _____ Event Chair Signature & Date

JOINT APPLICANT: _____ Event Chair Signature & Date

Date _____ WP / PCB _____

Date _____ WP / PCB _____

Date _____ WP / PCB _____

Date _____ WP / PCB _____

"In applying for membership in the West Point Inn Association, I/we agree to abide by the Policies, Rules, Regulations and By-Laws of the West Point Inn Association, and I/we understand that not doing so may jeopardize my/our application and/or be cause for termination of my/our membership."

Applicant X _____ Date _____

Applicant X _____ Date _____

(Each Applicant must sign and date this Application, and each must be age 18+ years)

SPONSOR'S CAN NOT BE Related to each other or to applicant.

Sponsored by _____ Date _____

Sponsored by _____ Date _____

(continued on other side)

Volunteer Preferences: Please indicate (by circling) your future volunteer work preferences: Work Party Participant, Fund Raising, Work Party Lunch Chef, Board Member, Pancake Breakfast Host, Volunteer Committee Member, Other: _____.

Your Reason for Joining: Please give us a brief description of yourself, interests, occupation, hobbies etc. and why you decided to join the West Point Inn Association.

Checklist:

- _____ Have you enclosed your check in the amount of \$20.00 made payable to WEST POINT INN ASSOCIATION?
- _____ Have you completed two work parties or worked two pancake breakfasts or a combination thereof? (Note both parties must have completed the above if the application is joint)
- _____ Have you received and enclosed two letters of recommendation from two members not related to each other or to you?

Yearly Membership Dues:

Single	\$90.00	Senior (65) single	\$50.00
Couple	\$120.00	Senior (65) couple	\$75.00

*****These will be prorated for your first year of membership depending on the month your application for membership is accepted.**

Please submit your completed application, check, and two letters of recommendation to the address below.

Thank you!

Gordy & Lynn MacDermott
Membership Chairs
415-785-4223
glmacd@comcast.net

mailing address:
34 Greenfield Ave.
San Rafael, CA 94901