Texas Conference of Clubs, Inc.

P.O. Box 406
Cameron, TX 76520

Application For Individual Membership

___ New Application ___ Update Member Information

Name: _____ Date: _____

Preferred Name for Communication: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (cell)_____ (other)_____

E-Mail: _____

Preferred contact: ___ Phone ___ Cell Phone ___ Email ___ Postal Mail

___ Billing Address is the same as above

Billing Address: _____

City: _____ State: _____ Zip Code: _____

List all club affiliations past and present, including dates and classes of membership:

_____

_____

_____

Reason(s) for requesting membership: _____

_____

_____

_____

Emergency Contact:

Name: _____ Relationship: _____

Mailing Address: _____

City: _____State: _____ Zip Code: _____

Phone: _____ _ Cell Phone _ Home Phone

Email Address: _____

I hereby affirm that all of the above information furnished by me is true and correct to the best of my knowledge. I understand that any willful misrepresentation or omission of facts made by me in this application shall constitute sufficient grounds for my immediate dismissal from membership in the Texas Conference of Clubs, Inc.

Signature of applicant: _____ Date:_____

Sponsored by: _____ Date: _____

Sponsored by: _____ Date: _____

(For TCC use only below this line)

Date applied for membership: _____ Date of Updated Application: _____
Date accepted or rejected for membership:_____Date resigned or terminated from membership: _____
Reason for resignation or termination: _____
_____