

GERMAN AMERICAN SOCIETY OF CENTRAL FLORIDA, INC.

MEMBERSHIP APPLICATION

NAME _____ DATE _____

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

OCCUPATION _____ BIRTH DATE _____

BIRTH PLACE _____ LANGUAGES SPOKEN _____

ANY SPECIAL SKILLS THAT MAY BE HEPLFUL TO THE CLUB i.e. Carpentry, Electrician, Cooking, etc.

SPOUSE'S NAME _____ OCCUPATION _____

BIRTH DATE _____ BIRTH PLACE _____

LANGUAGES SPOKEN _____ WEDDING ANNIVERSARY _____

EMAIL _____

I wish to apply for single__ family__ membership in the German American Society of Central Florida, Inc., and I agree that I, my family and my guests will abide by the rules and regulations of the Society. I understand this application is subject to approval by the Membership Committee and Board of Directors, and if deemed necessary, may be subject to a criminal background check, and if I fail to be approved for any reason, my initiation fee and dues will be refunded.

You may print and sign the form below and send by mail or scan and email it to secretary@orlandogermanclub.com. This form may also be completed on your computer and returned via email without printing. By typing your initials the box below in lieu of a written signature, you attest that the information contained on this form is true and accurate and you agree to the terms and conditions set forth in this application.

SIGNATURE _____ RECOMMENDED BY _____

DATE _____

Enter your initials in this box in lieu of a written signature
If submitting online.

Please check this box if you will require a printed copy of our newsletter in lieu of the email version

Mail completed application with check to:

GASOCF

381 Orange Ln.

Casselberry, FL 32707

NOTE: There is a one-time initiation fee of **\$25.00** for single membership and **\$50.00** for family membership which must be paid **in addition to** membership dues when joining. The annual membership dues are **\$25.00** for single membership and **\$50.00** for family membership. Our fiscal year begins June 1st. For applications submitted later, the proration table below applies to payment of membership dues. Family membership includes husband and wife plus children under the age of 18. A person holding single membership may not bring as guests other members of their family living with them. Dependents 18 years of age or older must submit separate membership applications.

MEMBERSHIP DUES PRORATION TABLE

<u>Month</u>	<u>Single</u>	<u>Family</u>	<u>Date Paid</u>
June	\$25.00	\$50.00	_____
July	\$23.00	\$46.00	_____
Aug.	\$21.00	\$42.00	_____
Sept.	\$19.00	\$38.00	_____
Oct.	\$17.00	\$34.00	_____
Nov.	\$15.00	\$30.00	_____
Dec.	\$13.00	\$26.00	_____
Jan.	\$11.00	\$22.00	_____
Feb.	\$ 9.00	\$18.00	_____
March	\$ 7.00	\$14.00	_____
April	\$ 4.00	\$ 8.00	_____
May	\$ 2.00	\$ 4.00	_____

FOR OFFICE USE ONLY

AMOUNT RECEIVED: \$ _____ DATE: _____

BOARD ACTION: ___ APPROVED ___ DISAPPROVED

 Signature - Membership Chairperson

NEW MEMBER NOTIFICATION: _____ By: _____