



LUSITANO CLUB OF CALIFORNIA

APPLICATION FOR MEMBERSHIP

NAME _____

ADDRESS _____
(Street) (City) (State) (Zip code) (Country)

TELEPHONE (Home) _____ (Business) _____
(Cell) _____ (Email) _____

DATE OF BIRTH _____ E-BULLETIN (Yes/No) _____

MEMBERSHIP (Calendar year) _____

- US\$20.00 () REGULAR MEMBER (Age 18 to 61)
- US\$15.00 () SENIOR MEMBER (Age 62 & over)
- US\$25.00 () OVERSEAS MEMBER (including Canada)
- US\$10.00 () JUNIOR MEMBER (Age 12 to 17)
(Member-parent approval required)

PROPOSED BY: 1: _____
(Name of Member)

2: _____
(Name of Member)

I, the undersigned, hereby apply for membership of Lusitano Club of California.

If accepted, I agree to abide fully by the Constitution and By-Laws of the Club.

SIGNATURE _____ DATE _____

**Please mail completed return with applicable dues to:
Lusitano Club of California, 7222 Cutting Blvd, El Cerrito, CA 94530**

Approval for membership is at the sole discretion of the Board of Directors. Notification letter of approval or disapproval will be mailed to applicant after review of application by the Board.