



SYRACUSE TURNERS, INC.

619 N. Salina St., Syracuse, NY 13208

(315) 471-9851

APPLICATION FOR MEMBERSHIP

I hereby make application for membership in the Syracuse Turners Society, and if elected, agree to conform to the principles and statutes of the Syracuse Turners as well as the laws and regulations of the American Turners.

Name (in full) _____ Date of Birth _____

Home Address _____ City _____

State _____ Zip code _____ Phone _____ Email address _____

Married? _____ Spouse's name _____ Are they applying for membership? _____

Business, Profession, Occupation _____

Employer _____

Business Address _____ Business Phone _____

Other club affiliations? _____

Do you have any children under 18 years of age? _____

Hobbies? _____

Activities I am or my spouse would be interested in:

Bowling Leagues: Men's _____ Women's _____ Mixed _____ Youth _____

Men's Golf League _____ Youth Activities _____ Ladies Auxiliary _____ Dart League _____

Other _____ Please list any activities you might be interested in other than what is listed _____

Signature of Applicant _____ Date _____

Proposed and Recommended by _____

Signature of References #1 _____ #2 _____

Each applicant must be sponsored by a Turner member and have two additional Turner members as references.

FIRST YEAR SPECIAL RATE \$50.00 AND YOUR SPOUSE CAN JOIN FOR JUST \$20.00

Date Received: _____

Date Posted on Board _____

Date Approved by Officers and Board _____