

Maltese American Social Club of San Francisco, Inc.



924 El Camino Real
South San Francisco, Ca 94080

650-871-4611
<http://maltese-americanscsf.org/>

MEMBERSHIP APPLICATION

Date of Application: _____
Name of Applicant: _____
Name of Spouse: _____
Address: _____

Phone: Home: _____ Cell: _____
Email Address: _____
Newsletter Mailing Preference: US Mail: Yes _____ No _____
(choose one) Email: Yes _____ No _____
Applicant's Date of Birth: _____
Birthplace: _____

Please describe your Maltese lineage, or name of Maltese spouse, and please also let us know a little about yourself. You may use the other side of this form if needed.

Signature of two Sponsors: _____

Signature of Applicant: _____

Please send application and a check, in the amount of \$60.00, for annual membership dues, to ATTN: Assistant Treasurer Ninfa Pace, Maltese-American Social Club of SF, 924 El Camino Real, So SF, CA 94080

For official use only – Board of Directors Review

Date: _____ Approved/Denied: _____ Paid: \$60.00 Membership ID #: _____

Motion: _____ Second: _____

President

Secretary

Treasurer