

# Maltese American Social Club of San Francisco, Inc.



924 El Camino Real  
South San Francisco, CA 94080

Telephone: 650-871-4611

## MEMBERSHIP APPLICATION

Date of Application \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/zip: \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_ Country of Origin \_\_\_\_\_

Annual Membership Dues \$60.00 (per applicant)

Signature of two Sponsors:

Signature of Applicant:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

.....  
For official use only.  
**Board of Directors Review**

**Date:** \_\_\_\_\_

**Membership I.D. #** \_\_\_\_\_

**Approved/Denied** \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_

**Motion:** \_\_\_\_\_ **Second** \_\_\_\_\_

\_\_\_\_\_  
**President**

\_\_\_\_\_  
**Secretary**

\_\_\_\_\_  
**Treasurer**