

Argonauts of Wisconsin

Application for Regular Membership

Name _____ Date of Birth _____

Address _____ Phone _____

City / State / Zip _____ Email _____

Are you now a member of a club? Yes No

If so, which club (s) and what capacity (ies)? _____

What could you do to benefit or contribute to Argonauts of Wisconsin? _____

I have read the information pertinent to acceptance, dues, and standards of performance as outlined in the clubs By-Laws. If accepted I understand my responsibilities. I attest that I'm at least 21 years of age.

Date of Application _____ Signature _____

Sponsoring Members

1. _____

2. _____

Initiation fee of \$15.00 Plus the first months due of \$10.00 must accompany this application

For Club Use

Approved Date _____

Disapproved Date _____

Applications can be mailed to: Argonauts of WI, 1351 Cedar St, Green Bay, WI 54311