

Please print out, complete application, and mail with your check to the address listed below

Southeastern Greyhound Club

Application for Membership

(Membership is for a Calendar Year – January to December)

Name of Applicant(s): _____

Home Address: _____

City: _____ State: _____ Zip: _____

E-mail Address(s): _____

Telephone Number: _____

Occupation: _____

The annual dues are **\$20.00 per person** or **\$25.00 for two or more persons** residing in the same household. Applications will be accepted only when accompanied by a check for the current year's dues. Please make your check payable to the Southeastern Greyhound Club and mail the application and check to:

Melissa Provard, Membership Coordinator

Southeastern Greyhound Club

1825 Crescent Rdg

Cumming, GA 30041

or give the completed application and check to a Club Officer

The undersigned agrees to abide by the Constitution and By-laws of the Club and to support its activities.

Applicant

Applicant

APPLICATION ACCEPTED THIS _____ DAY OF _____, 20____

Membership Coordinator