

# NEW MEMBERSHIP APPLICATION

## Club Representative Notes:

Date Form & Dues Received: \_\_\_\_\_

Dues received by: \_\_\_\_\_

Check#: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Cash Received: \$ \_\_\_\_\_



**CHECKS PREFERRED.** Please make checks payable to TCC. Write names of covered members and your phone number on the check. CASH payments must be made in person to the Membership Chair or Treasurer at an official meeting or club event. **DO NOT MAIL CASH.**

Mail membership application with a check to:

TCC

c/o Mary Salisbury, Treasurer

6620 Wood Sorrell Road

Wilmington, NC 28405

## \$20 INDIVIDUAL MEMBER

Recruited by: \_\_\_\_\_

## \$30 FAMILY MEMBER

Recruited by: \_\_\_\_\_

**OPTIONAL CONTRIBUTION, unrestricted or for a club activity:**

Amount (and purpose, if for an activity): \$ \_\_\_\_\_, \_\_\_\_\_

**PLEASE PRINT**

Member1: *Preferred name:* \_\_\_\_\_ *Last Name:* \_\_\_\_\_

Street Address: \_\_\_\_\_, City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Primary phone: \_\_\_\_\_

Do you communicate by text? ☐ NO ☐ YES on mobile number: \_\_\_\_\_

## ADDITIONAL INFORMATION REQUIRED FOR FAMILY MEMBERSHIP ONLY:

Member 2: *Preferred Name:* \_\_\_\_\_ *Last Name:* \_\_\_\_\_

Street Address: \_\_\_\_\_, City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Primary phone: \_\_\_\_\_

Do you communicate by text? ☐ NO ☐ YES on mobile number: \_\_\_\_\_

Member 3: *Preferred Name:* \_\_\_\_\_ *Last Name:* \_\_\_\_\_

Street Address: \_\_\_\_\_, City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Primary phone: \_\_\_\_\_

Do you communicate by text? ☐ NO ☐ YES on mobile number: \_\_\_\_\_

**PLEASE NOTE:** All memberships are up for renewal September 1. To receive the club discount for a camellia order, your membership must be in good standing.

