

# NEW MEMBERSHIP APPLICATION

*Club Representative Notes:*

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

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

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

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



Mail membership renewal with a check to:

**TCC**

**c/o Frances Alexander**

**1332 Landfall Drive**

**Wilmington, NC 28405**

**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.**

**\$20 INDIVIDUAL MEMBER**

*Recruited By:* \_\_\_\_\_

**\$25 FAMILY MEMBER**

*Recruited By:* \_\_\_\_\_

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

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

**PLEASE PRINT**

Member 1: 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 must be renewed in September. To receive the club discount for a camellia order, your membership must be in good standing.