

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: _____

\$25 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 must be renewed in September. To receive the club discount for a camellia order, your membership must be in good standing.