



Club 12 of Plattsburgh Inc.
1 Durkee Street - Suite 102

MEMBERSHIP APPLICATION
(To be filed confidential)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

TELEPHONE: _____ E-MAIL: _____

SOBRIETY/CLEAN DATE: _____

GROUP AFFILIATION: _____

MEMBERSHIP OPTIONS: () \$10 for 1 month () \$55 for 6 months () \$100 for 1 year

Make checks or Money Orders payable to:

Club 12
P.O. Box 2935
Champlain, NY 12919

I would like to donate additional \$ _____

I WOULD BE INTERESTED IN HELPING ON THE FOLLOWING COMMITTEES:

- | | |
|---|-----------------------------|
| () MEMBERSHIP / LIBRARIAN | () BUILDINGS / GROUNDS |
| () ENTERTAINMENT / EVENTS | () FUNDRAISING / PUBLICITY |
| () GROUP / INTERGROUP | () MAINTENANCE / GRIEVANCE |
| () COFFEE BAR VOLUNTEER ---- BEST AVAILABILITY TIME: _____ | |

I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE RULES OF CLUB 12.

SIGNATURE

DATE