



INDEPENDENT CITY OF HOMES ASSOCIATION

Application for Auxiliary Membership

I herewith apply for membership in your association:

Name (in full):

Phone: Residence:

Date of Birth: Place of Birth:.....

Email Address Proposed by:

Occupation: I Am / Am not Married (circle one)

Wedding Anniversary Date:..... I have..... Children

Place of Business:Business Phone

I have truthfully answered all questions herein contained to the best of my knowledge and belief

Signed (by applicant):

DUES: \$75.00 per year. INITIATION FEE: \$25.00 At least one-half of initiation fee must accompany this application.

REPORT OF INVESTIGATING COMMITTEE

Date Investigated:

Date Balloted:

Favorable Unfavorable

Date Initiated: