**CLEMENTS SCHOOL COMMUNITY CENTER**

**P.O. BOX 743**

**CLEMENTS, CA 95227**

**MEMBERSHIP APPLICATION AND RENEWAL FORM**

**Application Date: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ New Member \_\_\_ Renewal Amount Paid: $\_\_\_\_\_\_\_\_**

I (we) respectfully request membership in the Clements School Community Center. The Community Center is organized for community services and by joining the Clements School Community Center, I (we) agree to be active and participate in workdays and events that promote/support and fund the Clements School Community Center.

**MEMBER INFORMATION:**

|  |  |  |
| --- | --- | --- |
| Member #1 | Email | Phone # |
| Member #2 | Email | Phone # |
| Street Address | City State | Zip Code |
| Mailing Address (if different from above) | City State | Zip Code |

|  |  |  |  |
| --- | --- | --- | --- |
| **MEMBERSHIPS** | **Quantity** | **Annual Dues** | **Total** |
| Individual, (18 years and over) |  | $20 (per person) |  |

**ARE YOU A MEMBER OF:** **Yes** **No**

Clements Volunteer Fireman Assoc.  

Clements Buckaroo Club, Inc  

Clements-Lockeford Lions Club  

Glen View Cemetery, Inc.  

Which Fire District do you live in? Clements  Mokelumne  Liberty  Other 

**Activities:**

Are you in the Book Club or plan to join the Book Club? Yes No 

Have you participated in the Chair Yoga Classes? Yes No 

Are you in the Garden Club or plan to join the Garden Club? Yes No 

Have you participated in the Line Dancing Lessons? Yes No 

Do you play pickleball or plan to play pickleball? Yes No 

What other classes would you like to see at the Center? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual dues are due January 1st of each year. Every member of this Corporation shall have equal right to the benefits and privileges of this organization as defined in the Corporation Bylaws.

I (we) hereby assume all of the risks of participating in any/all activities on CSCC property or off site.

By signing I agree to the above terms of this membership application.

Signature(s)(1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_