



Membership Application

Danish American Club in Orange County

Applicant's Last Name _____ Significant Other's Last Name (if different) _____

Applicant's First Name _____ Middle or MI [optional] _____ Significant Other's First Name _____ Middle or MI [optional] _____

Street Address _____

City, State, Zip _____

(Area Code) Telephone Number _____

E-mail Address _____ Significant Other's E-mail Address _____

Birthplace (City, State, Country) _____ Significant Other's Birthplace (City, State, Country) _____

Date of Birth (Month, Day, Year) _____ Significant Other's Date of Birth (Month, Day, Year) _____

Children: (Names and Dates of Birth)

Name _____	Month / Day / Year _____	Name _____	Month / Day / Year _____
Name _____	Month / Day / Year _____	Name _____	Month / Day / Year _____
Name _____	Month / Day / Year _____	Name _____	Month / Day / Year _____

Biography: We would like to introduce you to our members in our club newsletter. Please tell us something about yourself and your spouse. Use the back of this form if more space is needed.

Referred by _____

Yearly Dues: (Please indicate membership type and **make check payable to the Danish American Club**. Note that children over 18 years must have separate membership. Membership is subject to Board approval.)

Single Person – \$15 or Family – \$25

Please return your completed application to us at the next event that you can attend!

Date _____ Signature _____

Approval Date _____ WL Sent _____ Pin Given _____
 Newsletter Intro _____ By-Laws Sent _____
 Copy to MC _____ Birthday Recorded _____