



**Wellsville Frontier Day, Inc.**

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**MEMBERSHIP APPLICATION**

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Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse Name: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Children Name(s) Under 19	Age	Birth Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

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**MEMBERSHIP FEES**

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Family Membership

Initiation Fee \$35.00 (*first year only*)

Yearly Dues \$35.00 (*due by March 1<sup>st</sup> of each year*)

**Total Due upon Application \$70.00**

Single Membership

Initiation Fee \$25.00 (*first year only*)

Yearly Dues \$25.00 (*due by March 1<sup>st</sup> of each year*)

**Total Due upon Application \$50.00**

**Make Checks Payable To: Wellsville Frontier Days, Inc.**

Applicant Signature: \_\_\_\_\_

Sponsors Signature: \_\_\_\_\_

(Active Club Member Only)

**Note:** Sponsor and Applicant must be present at meeting when application is presented to General Membership along with the appropriate initiation fee. Applicant must attend the general meeting two (2) months after submitting the application to be voted into the club by General Membership.