

# THE FALLSTON CLUB, INC

P.O.BOX 302  
FALLSTON, MD 21047

PHONE #410-877-3467(FINS)

[fallstonclub@verizon.net](mailto:fallstonclub@verizon.net)

[www.fallstonclub.com](http://www.fallstonclub.com)

## MEMBERSHIP APPLICATION

APPLICANT / STOCKHOLDER \_\_\_\_\_ (First and Last Name)

Spouse's Name \_\_\_\_\_ (First and Last)

Street Address \_\_\_\_\_ Main Phone # \_\_\_\_\_

City, State & Zip \_\_\_\_\_ 2nd Phone # \_\_\_\_\_

E-mail address \_\_\_\_\_ (To receive invoices and info.)

E-mail address \_\_\_\_\_ (2<sup>nd</sup> not required)

CHILDREN'S NAMES (First & last name)	Date of Birth	Special Needs
_____	_____	_____
_____	_____	_____
_____	_____	_____

GRANDPARENT'S (First & last names)	Reside in stockholder's home?
_____	No / Yes _____ No / Yes
_____	No / Yes _____ No / Yes
_____	No / Yes _____ No / Yes
_____	No / Yes _____ No / Yes

BUSINESS INFORMATION: Your Firm \_\_\_\_\_ Phone # \_\_\_\_\_  
Spouse's Firm \_\_\_\_\_ Phone # \_\_\_\_\_

I wish to apply for membership in The Fallston Club and I understand that:

1. My name will be placed last on the waiting list.
2. I must accept the first offer of membership or my application will be removed from the list.
3. I must include an application fee of \$75.00 with this completed form.
4. A registration fee of \$75.00 is due when a membership is accepted.
5. The stock fee will be paid within three months, once stock option is offered.
6. This application is subject to review by the Club's Board of Directors.
7. Documentation of family information may be requested, including current tax form as proof of dependency.

A "Family Membership" is defined as the stockholder and spouse and dependent children under the age of 25, who live in the stockholder's household. However, dependent children older than 25 who are special needs, and parents of stockholder or spouse, residing under the same roof, shall be considered Family Members. "Children" includes stepchildren. Grandparents not included in the Family Membership will be admitted at no charge as a guest, so long as they accompany a member from their Family Membership. As a guest, grandparents may not bring any other member (adult or child) or non-member at any time. Proof of residency may be required.

I hereby agree to abide by the By-Laws and Rules & Regulations of The Fallston Club. I further agree that any falsification of information on this application will result in membership cancellation.

Signature of Stockholder \_\_\_\_\_ Date \_\_\_\_\_

Heard about The Fallston Club VIA: \_\_\_\_\_

\*\*\*\*\* Below For Office Use Only \*\*\*\*\*

\$75 Application fee paid _____	Application approved _____
\$75 Registration fee paid _____	CP or AUG offered/paid _____ / _____
Stock offered _____	Stock Paid In Full _____