Atlanta Curling Club 2011-2012 Membership Application

	2 Membersin	p Applicati				
Name				Age		
Address 1				<u> </u>		
Address 2						
City	State	State		Zip Code		
Daytime Phone	Evening Phone	Evening Phone				
E-mail Address						
Curling Experience (# of years)	Prior Curling (Prior Curling Club(s)				
How did you hear about Atlanta Curling	g Club?					
Please list all family members that are alrea	ady club members o	ar becoming club	members at thi	s time		
Family Member Name	ady club members o	Relationship to You	Already Member	Becoming Member Now		
Membership Includes:						
 Eligibility to participate in ACC leagues Voting privileges for board elections and September 2011.) 	eligibility to run for	the board. (Nex	t election comin	g up in		
	dues for 2011-201 Atlanta Curling (.2 are \$100, pa Club	ayable by chec	k to:		
Fill out the above informa	ation, sign below,	include payme	ent and mail to:			
Atlanta Curling Club P.O. Box 72873	. Box 72873			nave any questions, please write to atlcurling@gmail.com or leave us a message at		
Marietta, GA 30007-2873	770.	390.0160 and	we'll call you b	oack.		
Participant signature		Date				

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