



STAT Club of Maryland, Inc

PO Box 6809, Towson, MD 21285-6809

Application for Membership

Membership: () Full: \$35.00 annually () Associate: \$25.00 annually

Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Birthday (optional - month and day only): _____

Other important info you think we should know about you, e.g. food allergies (for snacks), special skills, need for accommodations (e.g. wheelchair), and relation to other STAT members. May use back.

• Full Membership: Any person by membership approval, having an interest in the Organization, shall be eligible to apply for Active Membership on attendance at three (3) out of (5) of the most recent consecutive meetings, and having announced to the membership the intent to become an active member. Election of active members shall be made by the active membership at the third meeting attended by the applicant, by a vote of the active members present and payment of dues.

• Associate Membership: Supporting member's election shall be made by the active membership at the next regular scheduled business meeting, by a vote of the majority of active members present and payment of dues.

Signature: _____