

FOOTLIGHTERS CLUB



MEMBERSHIP APPLICATION

DATE _____

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____ SPOUSE _____

OCCUPATION _____ SPONSOR _____

EMAIL _____

Initiation: \$50.00 Dues: \$50.00 Total: \$100.00

Make checks payable to Footlighters Club and mail to:

FOOTLIGHTERS CLUB

c/o Errol Dante

20230 NE 2nd Avenue. #U9, Miami, FL 33179

This application is subject to approval by our Board of Governors.

Why do you wish to join the Footlighters Club? _____

If you are retired, what was your previous occupation? _____

Do you intend to participate in any or all of our functions? _____

Please sign here: _____