

# E-Club Associate Membership Application Form

**E-Club, Inc.**

P.O. Box 6056, CBN 513  
Greenville, TX 75403-6056

Web Address: <http://www.e-club.org>

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Associate Membership Number

Year

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

\* Total number in members family, including self \_\_\_\_\_

**Married (circle)      Yes      No**

I want to be on volunteer list (check) \_\_\_\_\_

Annual Dues \$21.00  
After July 1st - \$10.50

List ages of Dependent Children  
Through age 24 years of age as of  
Dec 25th of membership year.



Children:      Sex      Month & Year of Birth

Children:	Sex	Month & Year of Birth
1		
2		
3		
4		
5		

Employee Signature \_\_\_\_\_

**Please return to E-Club Membership Coordinator - CBN 513**