

BUON TEMPO CLUB

A Social Welfare Organization

MEMBERSHIP APPLICATION

Remit to: 3949 Duke Ct. Livermore, CA 94550

Name _____ Wife Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Phone (Cell) _____

E-Mail Address _____

Age _____ Date of Birth _____ Place of Birth _____

Italian by (Check One) _____ Birth _____ Decent _____ Marriage _____ None

Occupation _____

If Retired, Previous Occupation? _____

What would you be interested in doing in the Club? _____

Cooking? _____ Helping in the Kitchen? _____ Hall Set Up? _____ Hall Tear Down? _____

Chairing an Event? _____ Holding an Office? _____ Outside Events? _____ Bocce? _____

Golf? _____ Bus Trips? _____ Other? _____

Signature of Applicant _____ Signature & Printed Name of Sponsor _____

Please enclose the following with your application:

Initiation Fees \$ _____ Dues \$ _____ Total \$ _____ Paid thru _____

This application will be reviewed by the Board of Directors at the next regularly scheduled Board meeting. You will be notified of their decision by the Financial Secretary shortly thereafter.

Review by Board

Date _____ Decision: Approved _____ Rejected _____

Comments from the Board members _____

Signature of President _____