



THE CATHEDRAL CLUB

OF BROOKLYN

APPLICATION FOR MEMBERSHIP

(PLEASE PRINT)

DATE: _____

NAME: _____

HOME ADDRESS: _____

_____ ZIP CODE _____

HOME PHONE (____) _____ CELL PHONE (____) _____

MARRIED or SINGLE _____ DATE OF BIRTH _____

OCCUPATION: _____

FIRM NAME: _____

FIRM ADDRESS: _____

_____ ZIP CODE _____

BUSINESS PHONE (____) _____ E.MAIL: _____

SEND MAIL TO: [] Home [] Business

ARE YOU A CATHOLIC? _____

PARISH: _____

[] LIFETIME DUES \$400.00

[] YEARLY DUES \$100.00

List below other organizations of which you are a member and any office held:

APPLICANT'S SIGNATURE: _____

SPONSORS (At Least Two):

Print Name Signature

Print Name Signature

DUES ARE PAYABLE UPON ADMISSION

Return completed application to: THE CATHEDRAL CLUB
P.O. BOX 315, BROOKLYN, NEW YORK 11209-0315