

**MOTHER OF MARY, INC.  
D/B/A SAINT ANN CLUB**  
16 Hendricks Avenue, Norwalk, CT 06851  
203 853-8777  
**MEMBERSHIP APPLICATION FORM**

**PLEASE READ CAREFULLY AND COMPLETE IN FULL**

(Please Print)

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**STREET:** \_\_\_\_\_

**PLACE OF BIRTH:** \_\_\_\_\_

(City / State / Country)

**CITY:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**NAME OF FIRM:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**FIRM ADDRESS:** \_\_\_\_\_

(Street)

**CELL/BUS. PHONE:** \_\_\_\_\_

(City / State / Zip)

**EMAIL ADDRESS:** \_\_\_\_\_

**FIRM PHONE:** \_\_\_\_\_

**WIFE'S MAIDEN NAME:** \_\_\_\_\_

**MOTHER'S MAIDEN NAME:** \_\_\_\_\_

**TYPE OF MEMBERSHIP: REGULAR:** \_\_\_\_\_

**ASSOCIATE:** \_\_\_\_\_

(\*\* Regular member must be of Italian origin or married to a person of Italian origin)

**NAME OF MEMBER MAKING RECOMMENDATION (Please print):** \_\_\_\_\_

**SIGNATURE OF MEMBER MAKING RECOMMENDATION:** \_\_\_\_\_

**Application must be accompanied with the following fees, dues and assessments:**

January-March pay full annual dues \$100, April \$75, May \$67, June \$58, July \$50, Aug \$42, Sept \$33, Oct \$25, Nov \$17, Dec \$8

Note: Oct-Dec Pro-rated dues plus following year's annual dues. Dues are calculated from the date of the application.

Initiation Fee	\$ 200.00
Dues (from above)	\$ _____
Annual Minimum Assessment	\$ 75.00
<b>Total</b>	\$ _____

**You are required and will be notified to be present at the 2<sup>nd</sup> reading of your application. Monies will be refunded if the club rejects your application.**

**I AGREE I CANNOT BECOME A LIFETIME MEMBER UNTIL I AM OVER THE AGE OF 65 AND HAVE PAID DUES AND ASSESSMENTS FOR A PERIOD OF 30 CONSECUTIVE YEARS.**

**I AGREE TO A BACKGROUND INVESTIGATION. SIGNED:** \_\_\_\_\_

**I HAVE READ ALL CONDITIONS NOTED AND AGREE TO ABIDE BY THEM.**

**SIGNED:** \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

The Board of Directors have reviewed this application and have: Date \_\_\_\_\_

**APPROVED:** \_\_\_\_\_ **DISAPPROVED:** \_\_\_\_\_

Signed / Chairman of the Board: \_\_\_\_\_ Signed / Secretary: \_\_\_\_\_

Date of First Reading: \_\_\_\_\_ President's Signature: \_\_\_\_\_

Date of Second Reading: \_\_\_\_\_ President's Signature: \_\_\_\_\_

Date Obligated: \_\_\_\_\_ President's Signature: \_\_\_\_\_

**MOTHER OF MARY, INC.**  
**D/B/A SAINT ANN CLUB**  
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**POLICE RECORD CHECK**

Background Investigation

I authorize and request release to the Saint Ann Club any and all information to records of convictions for a felony that may be in my name. I also agree to release the Saint Ann Club from any and all liability and responsibility arising out of the release of such information provided to them by the record department of any law enforcement agency.

APPLICANT'S SIGNATURE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

**(PLEASE PRINT)**

APPLICANT NAME: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_