

8959 Dorr Street  
Toledo, OH 43617



Phone: (419) 466-0000  
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## MEMBERSHIP APPLICATION

Please Check One: Family  \$300.00 Single  \$150.00 Student  \$50.00

(Note: please include area codes with all phone numbers)

Please Apply My Payment to Membership Fee for Year 20 Account #: \_\_\_\_\_  
Please refer to your membership card

Member: \_\_\_\_\_ Profession \_\_\_\_\_ Work Phone \_\_\_\_\_  
(First) (M) (Last)

Spouse: \_\_\_\_\_ Profession \_\_\_\_\_ Work Phone \_\_\_\_\_  
(First) (M) (Last)

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Member (cell) \_\_\_\_\_

Spouse (cell) \_\_\_\_\_

Member Email \_\_\_\_\_

Spouse Email \_\_\_\_\_

Children:

Name: \_\_\_\_\_ Age \_\_\_\_\_ Account # \_\_\_\_\_  
(First) (M) (Last)

Name: \_\_\_\_\_ Age \_\_\_\_\_ Account # \_\_\_\_\_  
(First) (M) (Last)

Name: \_\_\_\_\_ Age \_\_\_\_\_ Account # \_\_\_\_\_  
(First) (M) (Last)

Name: \_\_\_\_\_ Age \_\_\_\_\_ Account # \_\_\_\_\_  
(First) (M) (Last)

Additional information \_\_\_\_\_

Preferred method of contact:  email  regular mail  phone

Gift Option		Gift Amount	Please Mark My Gift For	
		\$ _____	<input type="checkbox"/> Annual Fund	<input type="checkbox"/> _____
Date	Year of last gift	You may charge my: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> American Express		
		Card # _____ Exp. Date _____ / _____		
Amount of last gift	Today's gift	<input type="checkbox"/> My check is enclosed <span style="float: right;">Make check payable to: <b>Sultan Club</b></span>		
\$ _____		Signature: _____		

Date: \_\_\_\_\_

Office use only

Amount \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_ Ck# \_\_\_\_\_

Authorized Signature \_\_\_\_\_