



SAN MARINO CITY CLUB

www.sanmarinocityclub.org

Membership Information

I am pleased to submit the following information for membership in the San Marino City Club. I reside or work within the boundaries of the San Marino Unified School District and have enclosed my Dues check (as noted below).

Name for roster: _____

Nickname: _____

Residence address: (*Check one for inclusion in directory*)

Work address: (*Check one for inclusion in directory*)

Contact Telephone: _____

E-mail: _____

Business or Profession: _____

Position: _____

Firm: _____

Telephone: _____

Brief biographical information (*birthplace, education, career background, years in San Marino, family, sports, hobbies, avocations, civic/school participation, etc. – to be used for a brief introduction at a City Club meeting*):

Spouse's name: _____ *Applicant's Signature:* _____

Please indicate interests of serving on a Committee (Optional)

- | | |
|---|--|
| <input type="checkbox"/> Arrangements | <input type="checkbox"/> Civic Affairs |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Finance and Club Accounting |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Photography and Publicity |
| <input type="checkbox"/> Social | <input type="checkbox"/> Sports and Group Activities |

Computer skills (please list) _____

_____ *Member's sponsor*

_____ *Date approved by Board*

Note: Annual Dues - \$130

Your Dues check will be held until Board approval of your Membership application. Please allow 30-60 days for results of the Board approval.

Please return this completed form along with your dues check to:

San Marino City Club
Membership
P.O. Box 80122
San Marino, CA 91118-8122