

Glide Community Club

Membership Form

Name 1: _____ Signature _____

Name 2: _____ Signature _____

Address: _____ E-mail _____

Best phone number to reach you: _____

Dues per household: \$10.00

Names of Family members (not those listed above) living with you over 18 years of age:

1. _____ Signature: _____

2. _____ Signature: _____

3. _____ Signature: _____

4. _____ Signature: _____

Names of family members living with you under 18 years of age:

1.

2.

3.

4.

Are you renewing? Yes___

Is this your first year with GCC? Yes___ No___

Would you be interested in being called for Volunteer opportunities?

Yes_____ No_____