

AGONIS CLUB
P.O. Box 14020
Columbus, Ohio 43214

**AGONIS CLUB OF COLUMBUS, OHIO, INC.
MEMBERSHIP APPLICATION**



Initiation Fee \$25.00
Annual Dues \$50.00

(PLEASE PRINT)

Name (First)		(Middle Initial or Nickname)		Last	
Home Address			Business Address		
City		State		Zip	
City		State		Zip	
Home Phone		Office Phone		Send Mail To	
				Home Office	
Occupation		Name of Employer		Type or Class of Business	
				No. of Years in Present Employment	
Date of Birth			E-Mail Address:		
Have you ever been arrested and/or convicted of a felony? If "yes" you may want to put details on reverse side.			Have you ever before petitioned for membership in the Agonis Club? If "yes" give date please		

PLEASE FILL IN ALL INFORMATION BELOW CONCERNING YOUR ATHLETIC PARTICIPATION

SPORT	Connection (Coach, Player, Sponsor)	SCHOOL or SPONSOR	CITY and STATE	DATES

I declare I have answered all of the above questions to the best of my knowledge and belief. If I have given any false information or made any false statements herein. I agree to accept the Board of Directors decision as final, without any explanation whatsoever, if this petition is rejected.

Date _____
Your Signature _____

Recommended and Vouched for on the honor of: _____
Years you have known this person _____ Through Personal, Business, Church or other connections _____

Agonian _____

Agonian _____
Do not sign this petition unless you can recommend and vouch for this person

Agonis Club Record

Membership Committee by the following vote recommends the above person as a member to the Agonis Club of Columbus, Ohio, inc.

VOTE:
For _____ Against _____
Chairman, Membership Committee

The Board of Directors having received the proper recommendations from the Membership Committee vote to _____ this person as a member of the Agonis Club of Columbus, Ohio.

Date _____ Secretary _____