Application for Membership

Meriden Turner Society

Applicant Name: _____

Co-Applicant Name: _____

Address: _____

_____

Applicant Occupation: _____

Co- Applicant Occupation: _____

Applicant Birthplace _____Date of Birth: _____

Co-Applicant Birthplace _____Date of Birth: _____

Citizen(s) of the United States: _____

Married/Couple: _____ Single: _____ Children: _____

Have you ever been a member(s) of the Meriden Turner Society?: _____

Will you obey the laws of the Meriden Turner Society?: _____

Proposed By: _____

Applicant Telephone #: _____

Co-Applicant Telephone #: _____

Applicant e-mail Address: _____

Co-Applicant e-mail Address: _____