

# Anona West

## New Membership Application

**Note: Please use alternate application form for membership renewals**

( ) Regular Membership

I understand that six months of current, continuous sobriety is required for *Regular Membership*.

( ) Associate Membership

I understand that thirty days of current, continuous sobriety is required for *Associate Membership*. I further understand that I will become entitled to a key upon eligibility and acceptance for *Regular Membership*.

- IN EITHER CASE, YOUR PETITION FOR NEW MEMBERSHIP MUST BE MADE IN PERSON AT THE NEXT BOARD MEETING, SO WE CAN MEET WITH YOU. THE BOARD MUST APPROVE YOUR APPLICATION FOR NEW MEMBERSHIP.

*(Board Meetings are held the 2<sup>nd</sup> Wednesday of each month at 6:45pm)*

**PLEASE INCLUDE PAYMENT WITH APPLICATION**

**PLEASE COMPLETE THE FOLLOWING:**

Annual dues are prorated for new members only as follows (check the applicable amount):

- |     |         |  |
|-----|---------|--|
| ( ) | \$60.00 | Annually Oct. 1 <sup>st</sup> – Sept. 30 <sup>th</sup> |
| ( ) | \$45.00 | Members admitted during the mos. Jan. thru March       |
| ( ) | \$30.00 | Members admitted during the mos. April thru June       |
| ( ) | \$15.00 | Members admitted during the mos. July thru Sept.       |

**NAME**

**PHONE**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

**SPONSORING CLUB MEMBER'S NAME**

**EMAIL ADDRESS:**

**Do you want a mug?**

( )

Yes

( )

No

**The name on my mug:**

**MY AA ANNIVERSARY DATE:**

\*\*\*\* \$5.00 non-refundable key deposit is required for new members\*\*\*\*

**Club Use Only**

**DATE APPROVED:**

**KEY #:**

**PAYMENT DATE:**

**DUES DATE:**

**DATE PAID:**

**CHECK NUMBER:**