

ANONA WEST MEMBERSHIP APPLICATION

Please indicate which applies:

- () Regular Membership
I understand that six months of current, continuous sobriety is required for *Regular Membership*.
- () Associate Membership
I understand that 30 days of current, continuous sobriety is required for *Associate Membership*. I further understand that I will be entitled to a key upon eligibility and acceptance for regular membership.
- > **IN EITHER CASE YOUR PETITION FOR MEMBERSHIP MUST BE MADE IN PERSON, OR ON YOUR BEHALF, BY A SPONSORING ANONA WEST BOARD MEMBER at the next monthly Board Meeting. He or she will attest to your eligibility requirements and introduce you to two or more Administrative Board Members.**
- >> **Your application for membership will then be decided by a vote of the Administrative Board.**
- >>> **Upon acceptance, you will receive a key to the club.**

PLEASE INCLUDE PAYMENT WITH APPLICATION

PLEASE COMPLETE THE FOLLOWING:

I elect to pay dues as follows:

Annually Oct. 1 st - Sept. 30 th	Quarterly Amount
() \$50.00 March thru June Sept.	() \$37.50 2 nd Qtr. --- Jan. thru 3 rd Qtr. --- April 4 th Qtr. --- July thru

NAME _____

PHONE # _____

ADDRESS _____

CITY _____

ST. _____

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: _____
