

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. 1st – Sept. 30th

() \$50.00

Quarterly Amount

() \$37.50 2nd Qtr. --- Jan. thru March

() \$25.00 3rd Qtr. --- April thru June

() \$12.50 4th Qtr. --- July thru Sept.

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: