

# 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 <sup>st</sup> - Sept. 30 <sup>th</sup>	Quarterly Amount
( ) \$50.00 March	( ) \$37.50 2 <sup>nd</sup> Qtr. --- Jan. thru
thru June	( ) \$25.00 3 <sup>rd</sup> Qtr. --- April
Sept.	( ) \$12.50 4 <sup>th</sup> 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.<sup>00</sup> non-refundable key deposit is required for new members \*\*\*\*\***

CLUB USE ONLY

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**DATE APPROVED:** \_\_\_\_\_

**KEY #:** \_\_\_\_\_

**PAYMENT DATE:** \_\_\_\_\_

**DUES DATE:** \_\_\_\_\_

**DATE PAID:** \_\_\_\_\_

**CHECK NUMBER:** \_\_\_\_\_

\_\_\_\_\_