

# BOAR'S ROOM APPLICATION FOR MEMBERSHIP

\_\_\_\_\_  
CANDIDATE'S NAME (PRINTED)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CELL PHONE

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
EMPLOYER/POSITION

\_\_\_\_\_  
SPOUSE NAME (IF APPLICABLE)

\_\_\_\_\_  
DATE OF BIRTH

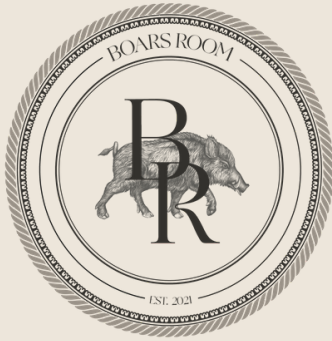
\_\_\_\_\_  
SPOUSE EMAIL

\_\_\_\_\_  
EMPLOYER/POSITION

\_\_\_\_\_  
CELL PHONE

\_\_\_\_\_  
REFERRERED BY/SPONSORING MEMBER

\_\_\_\_\_  
REFERRERED BY/SPONSORING MEMBER



# BOAR'S ROOM APPLICATION FOR MEMBERSHIP

BY SIGNING BELOW, WE AGREE, IF ACCEPTED FOR MEMBERSHIP IN THE BOAR'S ROOM, TO BE BOUND BY THE CONSTITUTION AND BY-LAWS OF THE BOAR'S ROOM AND THE RULES AND REGULATIONS OF THE BOAR'S ROOM FOR THE CONDUCT OF MEMBERS, THEIR FAMILIES AND GUESTS IN EXISTENCE AT THE TIME OF MY APPLICATION AND AS AMENDED IN THE FUTURE FROM TIME TO TIME.

\_\_\_\_\_  
CANDIDATE SIGNATURE DATE

\_\_\_\_\_  
SPOUSE'S SIGNATURE DATE