



**CABALLEROS DEL SOL
MEMBERSHIP APPLICATION**

SPONSOR:

Please be advised that _____ hereby sponsors the following candidate for membership in the Caballeros Del Sol.

APPLICANT:

I, _____, request active membership with the Caballeros Del Sol

1. **Company Name:**

2. **Address:**

3. **Phone:**

4. **E-mail:**

5. **My Position: Owner: _____ Manager: _____ Executive: _____**

Title:

6. **Membership in any organizations similar to Caballeros:**

7. Other civic participation: _____

8. Interests outside your vocation:

9. Willing to commit to 75% of luncheons and 50% of the trips (including one overnight trip) the first year and 50% of luncheons and trips thereafter:

Yes: _____ No: _____

10. Reasons for wanting to belong to Caballeros Del Sol: _____

11. References: A) _____ Telephone: _____

B) _____ Telephone: _____

C) _____ Telephone: _____

I hereby apply for membership in Caballeros Del Sol and herewith assert that, if accepted for membership I will comply with all requirements of membership. Submitted with this application is a check in the amount of \$700 (comprising a one-time initiation fee of \$250 and first annual dues of \$450), which is non-refundable, unless this application is declined. I give my personal guarantee

to be financial responsible for all appropriate charges.

DATE: _____ APPLICANT SIGNATURE: _____

For more information please contact Mike Feder, Executive Director, at 954-8803. This form can be e-mailed to feder1616@yahoo.com or by fax ay 844-8327.