



**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. Shirt Size: \_\_\_\_\_

7. Membership in any organizations similar to Caballeros:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Other civic participation: \_\_\_\_\_

\_\_\_\_\_

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9. Interests outside your vocation: \_\_\_\_\_

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10. 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: \_\_\_\_\_

11. Reasons for wanting to belong to Caballeros Del Sol: \_\_\_\_\_

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12. Non Cab Member References that we may contact

A) \_\_\_\_\_ Telephone: \_\_\_\_\_

B) \_\_\_\_\_ Telephone: \_\_\_\_\_

C) \_\_\_\_\_ Telephone: \_\_\_\_\_

12. List of Cab members you know \_\_\_\_\_

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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](mailto:feder1616@yahoo.com) or by fax at 844-8327.