



# RICHMOND GALILEO CLUB APPLICATION

371- S. 23<sup>rd</sup> St. / Galileo Club Way, Richmond, CA. 94804 - Email: thegalileoclub@yahoo.com

APPLICANTS FOR **REGULAR MEMBERSHIP** TO THE RICHMOND GALILEO CLUB MUST BE 21 YEARS OF AGE AND OF ITALIAN DECENT THROUGH EITHER YOUR MOTHER OR FATHER OR GRANDPARENTS.

APPLICANTS FOR **ASSOCIATE MEMBERSHIP** TO THE RICHMOND GALILEO CLUB MUST BE 21 YEARS OF AGE AND WHO ARE NOT OF ITALIAN DECENT.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Mother's Maiden Name or Grandparent (*IF ITALIAN*): \_\_\_\_\_

HAVE YOU ever been a member of the Galileo Club? YES \_\_\_\_\_ NO: \_\_\_\_\_ If yes, what years? \_\_\_\_\_

IS YOUR WIFE an Axillary Club member? YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE LIST NAME OF MEMBERS OF THE RICHMOND GALLIEO CLUB AS REFERRAL AND HAVE ONE OF THEM SIGN THE RECOMMENDATION OF ACCEPTANCE BELOW.

\_\_\_\_\_

I HAVE COMPLETED THE ABOVE APPLICATION AND DO UPON MY HONOR DECLARE THE ANSWERS TO BE TRUE.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I PERSONALLY KNOW THE ABOVE APPLICANT AND RECOMMEND THAT HE BE ACCEPTED AS A MEMBER OF THE RICHMOND GALILEO CLUB.

Members Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMITT APPLICATION w/ INITIATION FEE of \$85.00 and One YEAR DUES of \$125.00 (\$210.00 total)**

Board Approval: \_\_\_\_\_  
(1) - (2) - (3)  
\_\_\_\_\_  
(4) - (5) - Recording Secretary - Financial Secretary

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

DATE INITIATED: \_\_\_\_\_