



Membership Application

This application is for the 2020 membership (valid through 9/30/2020)
with the trial membership fee of \$95

Date: ____/____/____

Name: _____ Age: _____

Spouse Name: _____

Home Address: _____

Business Name: _____ Position: _____

Business Address: _____

Home Phone: (____)____ - ____ Cell Phone: (____)____ - ____ Business Phone: (____)____ - ____

E-Mail Address: _____

Sponsors (2 required): 1) _____ 2) _____

Do you have children?: _____ Age(s)?: _____

Primary reason for joining: _____

1) Business _____

2) Social _____

Received by Secretary _____ on ____/____/____.

Approved by the Board of Directors: _____.

Please call the Fay Club at (978) 345-4537 for a tour of the Club or
to find out about the many benefits of membership in Fitchburg's premier Social Club.

Mail with check for \$95 to: The Fay Club P.O. Box 54, Fitchburg, MA 01420