Anona Center East Membership Application 2024

Applications are reviewed the second Thursday of the month.

<u>Please print clearly</u> and include dues with form.

| New Renewal | |
|---|---|
| First Name: Last Na | me: |
| Address: | Apt. or Unit: |
| City: State: | Zip: |
| Phone: | |
| Sobriety Date: | |
| Current Ace Sponsor: | |
| ACE Sponsor Signature: (New Member only) | |
| Email Address: Please include E-Mail address if you wish to receive Ne | wsletters and emails. |
| Membership Fee | e - \$75.00 |
| January-March \$75, April-June \$56.25, July-Septemb Mark one if you would like to be contacted | er \$37.00, and October- December \$18.75 |
| SERVICE WORK OPP | |
| Events: Chair Person: Children's Parties: Picnic: | Special Events: |
| Kitchen: Steak Night: Breakfast: Purchases: Building/Office: | Cleaning: |
| | stant/Computer: |
| By signing this application, I understand that my membership in sobriety. I am aware of the "Code of Conduct" policy and t I understand that my membership can be terminated by the | the club rules of Anona Center East. |
| Signature: | _ |
| Date Submitted: | _ |
| Office use o | nly |
| Cash Check No. Credit Card | Zelle |
| | Amount |
| FOR YOUR PROTECTION, PLEASE DO NOT INCLUDE CRE | EDIT/DEBIT CARD INFORMATION ON FORM. |