



**APPLICATION FOR MEMBERSHIP**  
**To the**  
**ST. VAL'S MEN'S CLUB**

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

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

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

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

HOME TELEPHONE NO: \_\_\_\_\_

CELL PHONE NO: \_\_\_\_\_

WORK TELEPHONE: \_\_\_\_\_

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

FULL MEMBERSHIP \_\_\_\_\_

ASSOCIATE MEMBERSHIP: \_\_\_\_\_ SPONSOR: \_\_\_\_\_

EXECUTIVE BOARD SPONSOR \_\_\_\_\_

**DUES: \$25.00 PER YEAR, Payments can be made by check (Please make checks payable to St. Val's Men's Club) or credit card (payment can be made at the Members Monthly Dinner Meeting).**

**PLEASE SEND APPLICATION AND PAYMENT TO:**

**Joseph Votto  
1 Videtta Street  
Peabody MA 01960**