



P. O. Box 11507
Columbia, SC 29211-1507

APPLICATION FOR MEMBERSHIP

Annual Dues \$250.00
Application Fee \$50.00
(Application fee is non-refundable and must be included with application)

(Please Print or Type)

NAME: _____
Last First MI

HOME ADDRESS:

_____ Street Address/P. O. Box

City State Zip Code

HOME PHONE: () _____

PRESENT EMPLOYER: _____

TYPE OF BUSINESS: _____

ADDRESS: _____
Street Address/P. O. Box

City State Zip Code

TITLE: _____

BUSINESS PHONE: () _____

E-MAIL ADDRESS: _____

It is required that the "Membership Application" be completed in its entirety. Background checks will be performed on all persons accepted for membership into 100 BMOGC.

PERSONAL DATA: (to be used for membership only)

DATE OF BIRTH: _____
Month Day Year

MARITAL STATUS: _____

SPOUSE'S NAME: _____

CHILDREN: YES NO HOW MANY _____

INTERESTS/HOBBIES: _____

CHURCH/DENOMINATION: _____

RECOMMENDED BY: _____

SEE OTHER SIDE

(In order to be considered for membership you must be recommended by a current member in good standing)

APPLICATION FOR MEMBERSHIP (Continued)
(Please Print or Type)

EDUCATION:

COLLEGE GRADUATE: YES ___ NO ___

NAME OF COLLEGE OR UNIVERSITY: _____

DEGREE EARNED: _____ **YEAR:** _____

COMMUNITY/CIVIC OFFICIAL:

POSITION: _____

YEAR ELECTED/APPOINTED: _____ **CURRENT TERM ENDS:** _____

BOARD MEMBERSHIP(S)? YES ___ NO ___

NAME OF BOARD: _____

YEAR APPOINTED: _____ **CURRENT TERM ENDS:** _____

NAME OF BOARD: _____

YEAR APPOINTED: _____ **CURRENT TERM ENDS:** _____

ORGANIZATIONAL MEMBERSHIP(S):

NAME OF ORGANIZATION(S): _____

Have you ever been convicted of or sentenced for a violation of the law? _____. If yes, please give full particulars. (The existence of a criminal record does not constitute an automatic bar to membership.)

SIGNATURE:

DATE:

APPLICATIONS ARE NOT ACCEPTED WITHOUT APPROPRIATE DUES

Date Application Received: _____

Date Application Approved: _____ **/Rejected:** _____