



The German-American Klub of Indianapolis, Inc.

8602 South Meridian St. Indianapolis, IN 46217

(317) 888-6940

2020 Membership Application (Expires Dec. 31, 2020)

New Membership Membership Renewal

Date: _____

To the Vice-President – Member Affairs:

I hereby apply for membership in the German-American Klub of Indianapolis, Inc., as designated below, and promise to observe the rules and regulations of the Klub. I understand that membership entitles me to certain privileges as well as the assessment of dues which are payable at the beginning of each calendar year. (Lifetime membership is exempt from annual dues.)

Full Name: _____ DOB: (mm/dd) _____

Spouse's Name: _____ DOB: (mm/dd) _____

Address: _____ City: _____ St: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: (Please print clearly) _____

Send Newsletter by: E-Mail US Postal Service

Please indicate membership class applied for:

Class	Initiation	Dues	Restrictions
<input type="checkbox"/> Lifetime (Individual or Family)	\$600.00	- 0 -	Age 21 or older.
<input type="checkbox"/> Active (Individual or Family)	- 0 -	\$60.00	Age 21 or older.
<input type="checkbox"/> Senior (Individual or Family)	- 0 -	\$30.00	Age 65 or older. Spouse 60 or older.
<input type="checkbox"/> Student/Youth (Individual only)	- 0 -	\$ 6.00	Age 21 or less. No voting rights and cannot hold office.
<input type="checkbox"/> Additional Donation \$ _____			

Please use this additional donation for the following purpose:

Facility maintenance (eg. new carpet) Edelweiss (eg. new kitchen equipment) Other _____

To be used at the discretion of the Board of Directors

Signed: _____

To pay by credit card, please provide the following:

Card type: ___ Visa ___ Mastercard ___ American Express ___ Discover

Account Number: _____ Expiration ___/___ CVV _____

Signature of cardholder: _____

I (we) would like to volunteer to help in the following areas:

Oktoberfest or other events Facility Maintenance Grounds Maintenance

Other _____

Comments: _____

FOR OFFICE USE ONLY

Date Application Received:	Received By:	Amount Received:	Paid By: Cash Check Charge Other Check # _____
Mailing Records Updated: By/Date:	Cards Delivered Needs Cards	Membership Records Updated: By/Date:	