



THE PHOENIX CLUB
GERMAN ASSOCIATION IN ORANGE COUNTY, INC.

German Cultural Center
375 W Central Ave, Brea, Ca 92821
Phone: 714-563-4166

Website: www.thephoenixclub.com Email: generaloffice@thephoenixclub.com

MEMBERSHIP APPLICATION

PLEASE PRINT

OFFICE USE ONLY

Date Joined	Member #
Check #	Card #
Amt rec'd	

Applicant:

Name: _____
Last First Middle Initial

Address: _____
Number and Street City State and Zip Code

Home telephone: _____ Cell phone: _____ Date of Birth _____

Email _____ Sign up for e- newsletter? _____

Prior Phoenix Club Membership? No _____ Yes _____ Membership # _____ Available for Volunteer work? _____

Spouse:

Name: _____
Last First Middle Initial

Home telephone: _____ Cell phone: _____ Date of Birth _____

Email _____ Sign up for e- newsletter? _____

Prior Phoenix Club Membership? No _____ Yes _____ Membership # _____ Available for Volunteer work? _____

Names and ages of minor children (under 18 years)

Name _____ Age _____ Date of Birth _____

Name _____ Age _____ Date of Birth _____

Name _____ Age _____ Date of Birth _____

Name _____ Age _____ Date of Birth _____

Membership may be obtained by anyone who agrees to abide by the constitution of the Phoenix Club; is aware of and supports the purpose and goals of the Club to maintain and promote German culture, customs, heritage and language; enjoys a good reputation and has not violated any laws. Agrees to attend the official membership meetings, and participate in occasional volunteer work. (Paragraph 4 of the Constitution)

Members of The Phoenix Club assume any risk of harm or injury due to participation in events and or volunteering for events. I exempt and hold harmless to The Phoenix Club German Assn. in OC, Inc., its officers and members from all liability including personal injury and property damage caused by myself or my guests. I agree to allow my photo to be taken and published by The Phoenix Club. This agreement includes my minor children.

I have read and accept the above conditions.

Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Membership dues are \$120.00 for each adult. Over age 75 years \$85.00 per person. Family Membership is \$200.00. All family members must be listed to be part of family membership. Dues must be enclosed with application. Dues are due the first of each calendar year.

Detailed membership information: www.thephoenixclub.com

MEMBERSHIP IS ANNUAL and DUE JAN. 1st EACH YEAR