



2009-2010 Membership Application Form NORFOLK CURLING CLUB

70 Golf Drive, P.O. Box 102
Norfolk, CT 06058
860-542-1100
(www.norfolkcurlingclub.org)

Please print:

Applicant's Name: _____

Address: _____

Telephone: _____ Email: _____

I hereby apply for membership in the NORFOLK CURLING CLUB as indicated below. I understand that acceptance of this application is subject to the approval of the Membership Committee and Board of Directors.

Place a checkmark next to the box by the membership level you wish to join:

Membership Level Dues (For explanation of the dues structure please refer to our website.)

- | | |
|---|--------|
| <input type="checkbox"/> Full Adult Membership, 1 st & 2 nd Second Year | \$ 330 |
| <input type="checkbox"/> Full Adult Membership, 3 rd Year & Thereafter | \$ 400 |
| <input type="checkbox"/> Young Adult (18-21 yrs): | \$ 175 |
| <input type="checkbox"/> Junior Membership*: | \$ 50 |
| <input type="checkbox"/> Associate Membership: | \$ 125 |
| <input type="checkbox"/> Plate Glass Membership: | \$ 75 |

If you are interested in a curling in a league this season, please indicate which league(s):

- Mixed League** (two draws that meet Friday nights at 7:00 PM or 9:00 PM)
- Men's League** (meets Monday or Tuesday nights at 7:30 PM)
- Ladies League** (meets Wednesday night at 7:30 PM)
- Weekend Open League** (meets Sunday at 1:30 PM)
- Weekday Open League** (meets Wednesday at 10:00 AM)

Upon acceptance of this application, I agree to uphold the Bylaws, rules and regulations of the Norfolk Curling Club and the Grand National Curling Clubs to which it belongs.

Signature: _____ Date: _____

For further information, please call:

Charles Dyson, Membership Chairman: 860-921-8662 (Email: charles-dyson@lycos.com)

* Juniors (12 – 17 years of age, or up through high school) who have a parent as a Full Member pay no dues. If a student is a Junior Curler in college, the Junior Membership dues would apply.