



## SENIOR MEMBERSHIP APPLICATION

Member's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Form of ID: Driver's License

(Circle One)

Passport

Birth Certificate

Other: \_\_\_\_\_

(Please attach copy)

Completed application along with copy of proof of age should be submitted to Lisa Dapp, Club Administrator.

\_\_\_\_\_

RHCC USE ONLY:

Received by \_\_\_\_\_ Date \_\_\_\_\_