

**Application for The Maltese Center Membership**

The Maltese Center 27-20 Hoyt Avenue South, Astoria, New York 11102 TEL 718-728-9883 www.themaltesecenter.com

**New Member……..Renewal…….**

**Membership Type: Please  One \*Each applicant over the age of 18 must fill out an application**

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| Annual Member (18-64) $120/YR ……  Senior (65+), Veterans, Disabled DISC/YR …… |

Title Mr/Mrs/Ms……… First…………………….......... Last………………………………

Spouse/Partner\*………………………Children/Ages\*…………………………………………………………….. \*enter None if N/A

Address……………………………………………………………..Apt……. City…………………………….State………Zip Code……………

Home Tel……………………….......... Mobile Tel………………………..........

E-mail…………………………............ Date of Birth……………………………

\*Please be advised some Center correspondences will be sent out to member via email unless requested to be posted by mail.

Are you a? Senior …….. Veteran ……. Disabled…… Please provide proof with photo ID

Have you previously been a member of the Maltese Center? Y…... N…... If **yes**, date from…………to…………….

Are you related to a Maltese Center member or do you have a sponsor? Y…...N…...

If **yes**, full name of member/sponsor……………………………………………… Relationship………………………................

If you have **no sponsor** or **no relation** to a MC member please verify your Maltese lineage/heritage.

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| **Statement:** |

**Membership Declaration**

*I hereby apply for membership of The Maltese Center and understand and by signing this form I agree that I am bound by The Maltese Center current Constitution and By-laws and the Center’s Code of Conduct. I agree that the continuation of membership is subject to my compliance, at all times with this declaration. I attest all statements and information to be true on this application. I understand that if I violate the Constitution and By-laws, Code of Conduct, and/or make false statements could result in termination of my membership.*

Name Signature Date

**How to Pay**

**CASH** In Person at The Maltese Center **CHECK** Payable to: The Maltese Center **PayPal**

Office Use Only Membership Accepted: Y | N Date Paid: Card Received: Y | N Card #