

APPLICATION FOR MEMBERSHIP

Houston, Texas, _____, 20__

TO THE HOUSTON LIEDERKRANZ:

I, hereby, submit my application for membership in the Houston Liederkranz in accordance with Constitution and By-Laws of the organization as either:

a singing member or a non-singing member

Name (please print)_____

Street Address_____

City_____State_____Zip Code_____

Telephone_____Cell Phone_____Email_____

Occupation_____Date of Birth _____

Applicant is recommended by_____

Initiation Fee: \$5.00 and 12 months Dues in Advance: \$35.00

Make check payable to Houston Liederkranz. Submit payment to the Cashier or Financial Secretary.