

APPLICATION FOR MEMBERSHIP IN AMERICAN TURNERS

The undersigned hereby make application for membership in the **AURORA** Society and if elected, agrees to conform with the Principles and Statutes of the American Turners as well as the Laws, Rules and Regulations of the **ILLINOIS** District, and those above Society. I understand the a **\$20 non-refundable background check fee** will be collected when application is turned in.

PLEASE PRINT LEGIBLY

Name (in full) _____ Married _____ [] M [] F

Residence Address _____ Phone _____

City _____ State _____ Zip _____

Email Address _____

Business Address _____ Phone _____

Business, Profession, or Occupation _____

Place of Birth _____ Date of Birth _____ Citizen of United States [] Yes [] No

Have you any children under 18 years of age? ___ How many? ___ Do you expect them to go to gymnasium classes? ___

Have you ever been a member of an American Turner Society or a Member at Large? [] Yes [] No

Name of Society _____

Signed _____

(Applicant must be sponsored by two members who have been members for at least 3 years)

Proposed and recommended by _____ **Please Print Legibly** (Member)

Proposed and recommended by _____ **Please Print Legibly** (Member)

Investigated by Membership Committee _____

Photograph [] Membership Committee [] President [] Vice President

COMPLETE THE FRONT & BACK OF APPLICATION TO BE CONSIDERED

Bartender Initials _____

MEMBERSHIP COMMITTEE CHECKLIST



During this membership drive, any one of nine people on the membership committee can accept your application if you meet the following criteria:

- New member must show proof of identification.
- One of the two sponsors must be present at the time of sign-up. Each sponsor must have three years or more on their American Turner membership card and be in good standing to sponsor a new member.
- New member should fill out completely an "American Turners" application for membership; sign and date.
- Have sponsors **PRINT** their name on application with their American Turners card number next to name.
- Take a digital photograph of prospective member at a designated area at Aurora Turners.
- Consent to use of photograph(s) electronic media images & likeness in any presentation or publication, website and social media
- Must sign a form to allow Aurora Turners to do a background check for any prior felonies.
- Membership chairperson must sign membership application and date.
- If applicant is the son or daughter of a member, they are placed at the top of the waiting list. The parent must have three (3) or more years of membership for them to be eligible to go to the top of the list; the parent must sponsor the son or daughter.
- If son or daughter applies, print in large letters down both sides of the card **SON** or **DAUGHTER** and highlight.
Email address: _____ *(for newsletters and upcoming events)*

Membership Chairperson Signature _____

I the undersigned am aware that all candidates for membership in the Aurora Turners Club may be subject to a background check. I agree to any background check deemed necessary for me to be accepted as a member of Aurora Turners.

Print Name _____

Signature _____ Date _____