

Maltese American Social Club of San Francisco, Inc.



924 El Camino Real
South San Francisco, CA 94080

Telephone: 650-871-4611

MEMBERSHIP APPLICATION

Date of Application: _____

Name of Applicant: _____

Name of Spouse: _____

Address: _____

Phone: Home: _____ Cell: _____

Email: _____

Applicant's Date of Birth: _____

Birthplace: _____

Please describe your Maltese lineage on mother and/or father's side or name of Maltese spouse and, if you would like to, tell us something about yourself.

Signature of two Sponsors: _____

Signature of Applicant: _____

Please attach check for annual membership dues of \$60.00 and send to the attention of the Assistant Treasurer, Ninfa Pace. Thank you

For official use only – Board of Directors Review

Date: _____

Membership ID #: _____

Approved/Denied: _____

Amount Paid _____

Motion: _____ Second: _____

President

Secretary

Treasurer