

Lexington Knights of Columbus Council 94

# Associate Membership Application

**\*\* Form must be Legible and filled out in full \*\***

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

\*Email Address (Mandatory) \_\_\_\_\_

**\*\* Email Will Not be shared with anyone. You will be blind copied on outgoing Emails to members \*\***

- As an Associate Member of the Lantern Lounge, I agree to all rules and regulations set by the Lexington Knights of Columbus. I understand that any breach of said rules could result in the revocation of this membership and forfeiture of the annual fee.
- Associate Members are required to show their card to the bartender upon entrance to the Lantern Lounge.
- 2021 Membership is not transferable and expires on 3/31/2022
- I understand that this Associate Membership has no guest privileges.

\*Name of Sponsoring Knight \_\_\_\_\_

\*Signature \_\_\_\_\_

\*Date \_\_\_\_\_

\*Annual Fee - \$20.00  Collected

\*Received by \_\_\_\_\_

**\*\* Bartender to write Associate Member Number in the Box below \*\***

**Please DO NOT put a name in the bag!**

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Name has been put in bag

**\*\* MANGER ONLY \*\***

\*Signature \_\_\_\_\_ Date: \_\_\_\_\_