

SUBSIDIUM, INC.
MEMBERSHIP APPLICATION

Name _____ Spouse _____
(if applicable)

Address _____

City _____ State _____ Zip _____

Home _____ Cell _____ Work _____

Email _____

Educational Background _____

Present Job or Business Experience _____

Organizations, Positions Held, Special Training _____

Hobbies, Talents _____

- 1) **New Members are expected to attend orientation session(s).**
- 2) **New Members are expected to attend a minimum of 4 General Meetings.**
- 3) **New Member fee (and annual dues thereafter) is \$50.00.**
- 4) **Members are expected to participate in Subsidium's fundraising events as determined by the Subsidium's Board of Directors.**
- 5) **Members are expected to support MOSD.**

I agree to become a member of Subsidium and will attend monthly meetings. I will assist in Subsidium's fundraising projects and support Memphis Oral School for the Deaf.

Applicant Signature _____
Date

This applicant has the interest and time to participate in our projects and will attend the monthly meetings. As her sponsor, I pledge to help her fulfill these obligations.

Sponsor's Signature _____
Date