



APPLICATION FOR MEMBERSHIP 2024

CURRENT MEMBER _____

NEW MEMBER _____

Please complete all applicable information below and return form with yearly dues payment.
Membership year runs from January 1st to Dec 31st.

Checks should be made out to: Atlantic Treasure Club and can be submitted at a monthly meeting or mailed with completed application to: Karen Tiefel, 138 Bette Rd. East Meadow, NY 11554

SINGLE MEMBERSHIP (\$50)

FAMILY MEMBERSHIP (\$60)

SINGLE CLUB OFFICER (\$30)

FAMILY CLUB OFFICER (\$40)

NAME _____ PHONE (____) _____ Home

(____) _____ Cell

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

FAMILY MEMBERSHIP INFORMATION (if applicable)

applicant #2 _____ applicant #3 _____

applicant #4 _____

“Applicants agree to abide by club rules and show good fellowship and to participate in club activities. No member will do any harm or degrade the clubs name or reputation and will work toward the preservation of the same ”

Signed _____ Date _____

May your information be shared with ATC members in a club directory? YES ___ NO ___

How did you hear about our club _____
