



The Cotillion

Application for Membership

Name(s): _____

Address: _____

City, State, Zip: _____

Telephone: _____

E-mail: _____

I/We wish to join as an individual member
 couple membership

I/We understand that, if asked, there is an obligation to serve on the board within three years of obtaining membership status.

Applicant(s) Signature(s)

First Sponsor: _____

Second Sponsor: _____

(Two Cotillion member sponsors required)

Date: _____

How did you originally hear about The Cotillion? _____
