

3.1.f. MEMBERSHIP APPLICATION TO PINE MOUNTAIN COMMUNITY CENTER

PLEASE PRINT CLEARLY AND LEGIBLY

DATE: _____ County of Residence _____

APPLICANT NAME: _____

ADDRESS OF RESIDENCE _____

MAILING ADDRESS IF DIFFERENT _____

PROVIDE E-MAIL ADDRESS FOR FUTURE CONTACT _____

PLEASE CHECK ALL BOXES THAT APPLY:

3.1.b. I reside within the boundaries of the Pine Mountain Fire Department & EMS (PMVFD). My name/ residence appears on the district coverage list of the Pine Mountain Volunteer Fire & EMS district.

3.1.c. I am in good standing with the PMVFD, having no outstanding debt nor dues owing, nor lien against any residence or holding covered within their jurisdiction. **(Your signature serves as a RELEASE OF INFORMATION and WAIVER for the Community Center to contact and confirm your standing with the PMVFD)**

3.1.a. I have no ineligibility criteria with the corporation as defined in the PMCC by-laws.

3.1.d. I have volunteered my time and will continue to volunteer my time in the future to serve during direct PMCC sanctioned events. The event(s) include, but are not limited to: the Annual BBQ, along with the Volunteer Dinner before the BBQ (prep before and clean-up after); the Ham Fundraiser (including prep before and clean-up after); Community Clean-up Day(s) (prep before and during pick-up); as well as any lawn or field maintenance, general clean-up or repairs to the building, pavilions and playgrounds as sanctioned by the Board or any future Board designated volunteer opportunity. I have volunteered my help for at least 2 Board sanctioned events in the past. A member understands volunteering for at least 2 events every year is an important element in the success of the community center and is a requirement of membership. Sign-in sheets will be available to affirm volunteer time.

3.1.e Voting Member **Seconding** signatures (1) _____

(2) _____

3.1.h I attest that I have read the Articles of Incorporation and the By-Laws and I agree to be bound by the provisions therein. Each member applicant must sign and date.

SIGNATURE _____

Dues Paid Receipt Number _____