

**NORSKE TORSKE KLUBBEN OF ST. PAUL
MEMBERSHIP APPLICATION**

Date: _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Occupation: _____

Name of Firm: _____

Location of Firm: _____

Your Nationality: _____

Place of Birth: _____

Date of Birth: _____

Signature of Applicant: _____

Membership application approved and recommended by two Klubben members

1. _____ 2. _____

PLEASE NOTE: If a member does not attend at least six (6) meetings, or submit an acceptable excuse to the Secretary in each fiscal year, the member may be dropped from the membership.

There is a waiting list of men who wish to become members, and your application will be acted upon in the order it was received as soon as there is an opening in membership. Thank you for your interest in Norske Torske Klubben.

Date application received: _____

Date application acted upon: _____