



# **GALAXY COMMUNITY COUNCIL**

## **APPLICATION FOR MEMBERSHIP**



<b>President:</b>	<b>Bud Shuback</b>
<b>Vice President:</b>	<b>Connie Foster</b>
<b>Treasurer:</b>	<b>Paul Aubuchon</b>
<b>Secretary:</b>	<b>Marie Laflamme</b>

<b>Date Paid:</b>	_____
<b>Check #:</b>	_____
<b>Cash:</b>	_____

**I wish to apply for membership in the Galaxy Community Council.**

Date: \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Name: (Mr) (Mrs) (Ms) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business or Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Self Employed: (Y) (N) \_\_\_\_\_ Name of Employer/Business: \_\_\_\_\_

Business or employment address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business position or title: \_\_\_\_\_

Veteran: (Y) (N) \_\_\_\_\_ Branch of Service \_\_\_\_\_ First name on Name-Tag \_\_\_\_\_

Why do you wish to become a member of the Galaxy Community Council? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Applicant

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

### Sponsoring Member

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Membership is open to persons in the community in good standing, who possess a valid drivers license, and who have an interest in Westover ARB. Your sponsor must be a current member of the Galaxy Council. This application shall be regarded as an expression of the applicant's willingness to abide by the councils bylaws, rules and regulations if elected to membership. **A check for \$75.00 must be submitted with this application .** If you have any questions, please c contact Gail Sherman, Membership Director: sherman.gail13@gmail.com.

The Galaxy Community Council is a private 501c3 charitab corporation. It is not part of the Department of Defense or any of its components and it has no governmental status.

**Galaxy Community Council**  
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