

SAN MARINO CITY CLUB

Membership Information

*I'm pleased to submit the following information for membership in the San Marino City Club.
I reside or work within the boundaries of the San Marino Unified School District.*

Name for roster: _____ Nickname: _____

Residence address: _____

Telephone: _____ E-mail: _____

Business or Profession: _____ Position: _____

Firm: _____ Telephone: _____

Brief biographical information (*birthplace, education, career background, years in San Marino, family, sports, hobbies, avocations, civic/school participation, etc. – to be used for a brief introduction at a City Club meeting*):

Spouse's name: _____

Applicant's Signature

Check Interest in Serving on a Committee (Optional)

___ Arrangements

___ Communications

___ Programs

___ Social

___ Civic Affairs/Publicity

___ Membership

___ Scouts/MVP/Invocations

___ Sports and Group Activities
(Golf, Tennis)

Member's sponsor

Date approved by Board: _____

Note: Annual Dues - \$105

Please return form with dues check to:

San Marino City Club

Membership

P. O. Box 80276

San Marino, CA 91118-8276

Website information:
www.sanmarinocityclub.org