

APPLICATION FOR SIGNING PRIVILEGES

To the House Committee:

I wish to apply for signing privileges as a widow of a member. I authorize you to charge annual dues and all usage fees for these privileges to my house account. I assume full responsibility for the payment of these charges.

The annual fee for this privilege is 50% of the annual dues for the applicable category in effect from time to time.

_____ Date

Name (Please Print)

Residence

Zip Code

Telephone Number

Signature

Deceased Member's Name and Class

Date of Death