

**SMALL POINT CLUB, INC.
APPLICATION FOR ASSOCIATE MEMBERSHIP**

Applicant Name: _____

Co-Applicant Name: _____

Home Address: _____

Home Phone: _____

Email Address: _____

Business Address (If Applicable): _____

Business Phone: _____

Business Email: _____

Children's Names/D.o.B. _____

Attached are three (3) Letters from Small Point Club Shareholders, who have held shares for at least two (2) years:

Primary Sponsor: _____

Additional Sponsor #1 _____

Additional Sponsor #2: _____

I/We agree to abide by Small Point Club By Laws and Policies, and support the Club and Club community by patronizing Club services.

Applicant Signature: _____

Co-Applicant Signature: _____

Date: _____

Please mail this completed Application to:

Astrid Williams, Membership Secretary
467 Elm Street
Concord, MA 01742.
Email: astridwilliams@hotmail.com