

**WAH YING CLUB, INC.**  
**APPLICATION FOR MEMBERSHIP**

727 CLAY STREET, SAN FRANCISCO, CA 94108, (415) 982-6229

DATE \_\_\_\_\_

I hereby apply for membership in the WAH YING CLUB, INC. and if accepted, I will abide by its Constitution and By-laws.

Name (print) \_\_\_\_\_ Wife \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

Please submit a recent photograph of yourself with your application but send no money at this time. If your application is approved, the Secretary will notify you and a check in the amount of \$1,500.00 payable to the WAH YING CLUB, INC. will then be required.

Initiation Fee: Five hundred dollars (\$500.00)  
Building Fund: One thousand dollars (\$1,000.00)  
Dues Per Year: Fifteen dollars (\$15.00) Dues are due first of the year.  
TOTAL AMOUNT; One thousand five hundred dollars (\$1,500.00)

Sponsor Name (Print) \_\_\_\_\_  
(Your signature) \_\_\_\_\_

Co-Sponsor (Print) \_\_\_\_\_  
(Your signature) \_\_\_\_\_

ENTER YOUR COMMENT ON THE REVERSE SIDE OF THIS FORM

- (1) How long have you known your sponsor?
- (2) What other fraternal organizations do you belong to?
- (3) Will you serve on committee?
- (4) Why do you want to join the Wah Ying Club?
- (5) How can you contribute to the Club?

Office Data:

Date application received \_\_\_\_\_  
Date reviewed by membership committee \_\_\_\_\_  
Date reviewed by Board of Directors \_\_\_\_\_  
Date of General Meeting Balloting \_\_\_\_\_

SUBMIT  
YOUR  
PHOTO  
HERE