

GALAXY COMMUNITY COUNCIL

APPLICATION FOR MEMBERSHIP



President:	Bud Shuback
Vice President:	Ed Spellacy
Treasurer:	Bob Baranowski
Secretary:	Joe Marois



Date Paid: _____

Check #: _____

Cash: _____

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 _____

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 .**

This is a private organization. It is not part of the Department of Defense or any of it's components, and it has no governmental status.

Galaxy Community Council
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Westover ARB, MA 01022
(413)-557-3290