

30-50 WHITESTONE EXPRESSWAY, FLUSHING, NY 11354 TEL.718.747.2860/ FAX.718.747.2859

PHOTO
PASSPORT SIZE

MEMBERSHIP APPLICATION #

PERSONAL INFORMATION	Annual Membership Fee = \$600.00								
FIRST NAME		LAST NAME			E-MAIL				
ADDRESS			CITY			STATE		ZIP CODE	
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OFFICE TELEPHONE		MOBILE				OTHER			
MONTH DAY WEAD					l_ v	- G	1		
MONTHDAYYEAR DATE OF BIRTH					□ M MARITAL S	□ S STATUS	YEARS IN E	BUSSINES	
FAMILY INFORMATION				REFERI	ENCES				
			1						
SPOUSE NAME				RECOMME	ENDED BY				
CHILDREN NAME		AGE	-	COMMENT	S				
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COMMERCIAL INFORMAT	<u> ION</u>				_				
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CORP. NAME	D/B/A(Store Name)	ore Name)		TELEPHONE			ESTABLISHMENT #		
	,,,,,				FAX				
ADDRESS			CITY			STATE		ZIP CODE	
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CORP. NAME	D/B/A(Store Name)		TELEPHON	JE .	FAX		ESTABLISI	HMENT #	
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ADDRESS			CITY			CTATE		ZID CODE	
ADDRESS			CITY			STATE		ZIP CODE	
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OFFICE ASSITANT NAME			TELEPHONI	Ξ			EMAIL		
DO MOM DEL ONG TO ANY CO.	Harb Brazero -	WEG ESTA						le s	
DO YOU BELONG TO ANY ORGAL	NIZED ENTITY? 🗆	YES □NO			NAME			TELEPHONE	
ARE YOU IN THE BOARD OF DIRI	ECTORS?	ES □ NO							
					POSITION			SINCE	
APPLICANT SIGNATURE							DATE		