



# FELLOWSHIP INC.

## MEMBERSHIP APPLICATION

Adults' First and last Names.....

Children's First Names and Ages .....

List of Family Members living in the Household if different from above:

.....

Address: .....

Home Phone Number.....Alternate Phone Number.....

Referred by: (Name of Current Member): .....

Email Address(es):.....

Vehicle Make.....Color:.....Tag:.....

Signature: .....

Date: .....

Annual Dues are currently \$475.00 per year

Senior Rate For our 60+, one to two-member households, \$405.00 per year

New Members fee: \$725 which includes the 1 time \$250 initiation fee.

Mail to: Fellowship P.O.Box 801 Mableton, GA 30126

Pay online at [www.FellowshipPool.com](http://www.FellowshipPool.com)

This application is not a guarantee of membership. The Board of Directors reserves the right to reject any membership application for any reason they deem to be in the best interest of the association.