



# Golden Gate Guards Membership Application

Please provide the following information. PRINT CLEARLY!

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have a valid California Driver's license?  Yes  No

Do you have a valid California Motorcycle license?  Yes  No

Do you have a Motor Vehicle?  Yes  No

If yes, what make and model? \_\_\_\_\_

List any hobbies, special skills or interests: \_\_\_\_\_

How did you hear about the GGG? \_\_\_\_\_

Why do you want to be a member of the GGG? \_\_\_\_\_

List any clubs, organizations, etc., in which you are a member: \_\_\_\_\_

Your own comments: \_\_\_\_\_

For which GGG Membership level are you applying? (Check only one)

Active  Associate

Please indicate your Sponsors Name (print)

Your Signature: \_\_\_\_\_

Sponsor #1: \_\_\_\_\_

Sponsor #2: \_\_\_\_\_

=====**For GGG Use Only**=====

1<sup>st</sup> Reading: \_\_\_\_\_

2<sup>nd</sup> Reading: \_\_\_\_\_

3<sup>rd</sup> Reading: \_\_\_\_\_

Vice President/Membership Committee: \_\_\_\_\_