

CROFT Membership Application

Celtic Re-enactment Organization for Fellowship and Trades

Please fill out the form below and submit with your membership dues to:

CROFT

PO Box 27752

Tempe, AZ 85285-7752

Name _____

Address _____

City _____ State _____ Zip code _____

E-mail address _____

(for contacting you about upcoming meetings or events, to receive minutes of monthly meetings, etc. If you don't have e-mail access, we will mail correspondence)

Home phone _____ Alternate phone _____

Membership Dues (circle one)

\$10 individual adult

\$15 family (immediate household only)

\$5 associate (minor with adult sponsor) Sponsor's name _____

Dues are payable upon joining and are renewable on January 1 each year. Dues will be prorated for new members joining after July 1 at one-half the amount.

Please list crafts or trades in which you are skilled or interested. If you are joining as a family, please list each family member and their crafts or trades of choice:

Do you wish to become an active member or a friend of CROFT? Please check one:

_____ **Active Member** – I wish to participate in monthly gatherings as well as possible participation at scheduled events.

_____ **Friend of CROFT** – I do not wish to participate but would like to support CROFT.

Donation will be applied to administrative costs, building materials for Thistlewood Croft site and audience participation projects.

OATH OF APPLICATION: (Please read carefully before signing application)

I do solemnly affirm that I understand membership in the Celtic Re-enactment Organization for Fellowship and Trades (CROFT) is on a one-year basis subject to annual renewal by CROFT and its Board of Directors (Elders). I understand that only Elders are authorized to obligate funds, equipment or services of CROFT. I understand that CROFT is not liable for loss or damage to my personal property when operated for or by CROFT. I voluntarily subscribe to the objectives and purposes of CROFT and agree to be guided by the CROFT Rules and Bylaws, to comply with CROFT policies, as they are set forth, subject to amendment. I agree to abide by the decisions of the Elders or the membership (where applicable). I certify that all information on this application is presently correct and any false statement may be cause to deny membership. I understand that this Oath of Application is part of the application for CROFT membership and my signature on this form constitutes evidence of that understanding.

Signed _____ Date _____

Parent or Guardian (if minor) _____ Date _____

Dues paid Date _____ Amount _____ Rec'd by _____