



Application for Membership

I hereby apply for membership in the Colombo Club and if accepted, I promise to observe all its rules and regulations.

Name: _____

Address: _____

Phone #: _____ Email: _____

Date of Birth: _____ Spouse's Name (if married): _____

Occupation: _____

Where can you help the Colombo Club's Membership?

☐ Social ☐ Bartending ☐ Waiter ☐ Maintenance ☐ Bookkeeping
☐ Incentive ☐ Cooking ☐ IT ☐ Painting ☐ Other _____

Are you of Italian Descent? ☐ Yes ☐ No

Are you related to a current and or past member? ☐ Yes ☐ No Name: _____

Current Members to Sponsor and be References:

Name

Signature

Sponsor: _____

Reference 1: _____

Reference 2: _____

Signature of Applicant: _____ Date: _____

*This must be filled out and turned into a Colombo Club Officer or Board of Directors Member for approval

Administration

Membership Payment \$ _____ Annual Membership Fee \$ _____ Initiation Fee \$ _____

Colombo Club, Inc. 321 Claremont Avenue, Oakland CA 94618
(510) 653-9716 ~ TheColomboClub.com ~ ColomboClub.CorrSecretary@gmail.com