



RETIRED MEN'S ASSOCIATION OF GREENWICH, INC.

MEMBERSHIP APPLICATION FORM

NAME: _____ NICKNAME (IF ANY); _____

ADDRESS: _____ EMAIL: _____ TEL: _____

TOWN: _____ ZIP: _____ YEARS IN GREENWICH; _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SINGLE: []; WIDOWED: []; MARRIED []; WIFE NAME/NICKNAME: _____

SPONSOR: _____ How many years have you known him? _____

COLLEGE/HIGH SCHOOL ATTENDED: _____

OTHER SCHOOLING/TRAINING: _____

(FORMER) PROFESSION/OCCUPATION: _____

COMPANY AFFILIATION OR SELF-EMPLOYED: _____

LAST OR PRINCIPAL POSITION HELD IN COMPANY: _____

COUNTRIES AND/OR UNUSUAL PLACES VISITED: _____

AVOCATIONS/SPORTS/HOBBIES: _____

ORGANIZATION YOU BELONG TO (PROFESSIONAL): _____

NON-PROFESSIONAL/CIVIC/OTHER: _____

FRATERNAL: _____

HOW DO YOU THINK YOU CAN MAKE A CONTRIBUTION TO THE RMA? _____

SIGNATURE OF APPLICANT: _____ DATE: _____

Spaces below are for the Membership Committee:

ASSIGNED MENTOR: _____

DATE FIRST ATTENDED: _____ DATE BECAME ELIGIBLE: _____

DATE APPLICANT WAS INDUCTED: _____

APPLICANT'S PROFILE:

(Tell us about yourself: your background, your interests, professional and volunteer activities, family. Preferably, attach a Word or Pages document containing your profile or CV. We will use the Profile to introduce you to the membership.)