



# MEMBERSHIP APPLICATION

(Please Print Legibly)

FLEDGLING

NICKNAME

LAST FIRST MIDDLE

FIRM NAME

OCCUPATION

BUSINESS ADDRESS

RESIDENCE ADDRESS

CITY, ST ZIP

CITY, ST ZIP

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HOME PHONE

BUSINESS PHONE

FAX NUMBER

CELL PHONE

EMAIL ADDRESS

MAIL PREFERENCE

RES

BUS

EMAIL

BIRTHDATE

SIGNIFICANT OTHER

EDUCATION

HOBBIES/SPORTS

BUS or OCC HISTORY

INTERESTING EXPERIENCE

I WANT TO BECOME A VIKING BECAUSE

I hereby make application for membership to Viking Charities, Inc. I fully understand the obligations of a true Viking: Charity, Attendance and Good Fellowship. I have read the back side of this application. I agree with, and will abide by all Viking guidelines. Enclosed is my check in the amount of \$300 made out to Viking Charities, Inc. for the remainder of this calendar year.

SIGNATURE

DATE

I have provided a copy of the Fledgling Handbook and explained the Viking history, operations, goals and Mission Statement. I certify that this Applicant has attended at least two qualifying Viking functions as a guest.

SPONSOR

PRINT

SIGN

PHONE

Fees & Contributions		Processing Dates	
Fee:	Amount	Action	Date
Application Fee:	\$300	Gold Cupper Approval	
Endowment Contribution (Optional):		Fledgling Orientation	
Total Amount Attached:		Fledgling Initiation	

**Application fee of \$300 must accompany application form signed by Applicant and Sponsor. Return application form to: Viking Charities, Post Office Box 293, Solvang, CA 93464-0293**