



Pastime Athletic Club

1314 North Salina Street Syracuse, New York 13208 Phone: (315) 471-7929

Application for Membership

Being of good moral character and having reached the age of eighteen years,
I hereby make application for Membership in the Pastime Athletic Club.

(Please Print)

Name: _____ Age _____ D.O.B. _____

Address: _____ City _____ State _____

Zip Code _____ County _____ Telephone: _____

Employment _____ Veteran _____

Relative to a current or past member: Yes / No _____
(Name) (Relationship)

Other Club Affiliations _____

What interests will you have in the club? _____

Applicant Signature: _____ Date: _____

*Each applicant must give as references the names of two Pastime Athletic Club members.
Members sponsoring the applicant must be in good standing and personally know of the
applicants' character and background.*

Signature and Card Number of References

Ref: # 1. _____ / _____ # _____
(Print Name) (Signature) (Card #)

Ref: # 2. _____ / _____ # _____
(Print Name) (Signature) (Card #)

Deposit Received:\$ _____ Date: _____ Accepted by: _____