



THE E.O.U.V. CLUB

ERSTER OESTERREICHISCHER UNTERSTUETZUNGS VEREIN

First Austrian Mutual Aid Society

8636 Pekin Road, Russell, OH 44072

MEMBERSHIP APPLICATION

CANDIDATE INFORMATION (Please Print)

_____		_____		_____
Last Name		First Name		Middle Initial
_____		_____	_____	_____
Street Address		City	State	Zip Code
(____) _____	_____	____/____/____	_____	_____
Phone Number	Email Address	Date of Birth (MM/DD/YYYY)	Age	
_____	_____	_____		
Place of Birth	Place of Employment	Occupation/ Title		

I am a member of the following organizations:

Any relationship to EOUV Members (deceased or living)

My ancestry is **Gottscheer, Austrian, German**, or related through **marriage**. (Highlight applicable ancestry)

Please tell us any information about yourself, i.e. hobbies/skills you feel can be a benefit to this Society:

Signature of Candidate _____ Date _____

SPONSOR OF CANDIDATE

1. What is your relationship to the candidate? _____
2. Have you informed your candidate of the following? Yes_____ No_____

a. Voting privilege	f. Initiation fees
b. Holding office after one year	g. Sick & death benefits
c. Being active & a credit to the society	h. Penalties & fines
d. Continuing the Club Heritage	i. Accepting Committee appointments
e. Monthly dues	
3. Have you personally known the candidate for more than one year? Yes_____ No_____
4. To the best of my knowledge I find this candidate of good moral standing and worthy of becoming a member of this Society. Yes_____

Signature of Sponsor _____ Date _____

Print Name _____ Membership # _____