



National Charleston Day Organization

Membership Application

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 email: _____

Membership includes one free ticket to Dance or Social (held the Saturday night)
 and \$10.00 discount on Sunday Night Banquet.

(please check box)

I would like memberships in the Charleston Day Club for the following individuals.

Name	Name desired on Card	Address	Membership Fee

Total Memberships x \$70.00 =



Send completed application to
 National Charleston Day Organization (NCDO)
 P.O. Box 21219
 Chicago, IL 60621

Do Not Write Below this Line (For Office Use Only)

Membership: Approved Denied No. of Cards Dispersed:
 Signature of Office Personnel: _____ Date Approved: