



ECP Member Application

Name: _____ Phone Number: _____

Home Address: _____

Email Address: _____ Date of Birth (age): _____

Spouse's Name: _____ Your Occupation: _____

How many years in this field?: _____

Name, Type and Address of Business: _____

Posse Member Sponsor (s): _____

How did you hear about the Posse?: _____

What would you like to do to contribute to the Posse as an organization:

Are you able to attend quarterly lunch meetings of the membership?: _____

Members are obligated to purchase a ½ or full table (depending on venue) at the annual East County Night Out event plus provide an auction item valued at \$250.00. You will be required to serve for one year on the Appropriations Committee vetting and reviewing donation requests and possibly going on interviews to evaluate who we assist or do not assist. Are you willing to meet these obligations? _____

Other opportunities to serve the Posse (check all that you would like to participate):

____ Golf Committee

____ East County Night Out Committee

____ Poker Tournament Committee

____ Outreach Committee

____ Board of Directors

Signature: _____ Date: _____

Approved by: _____ Date: _____