

Membership Application
GACA
German American Citizens Association



I wish to join the German-American Citizens Association and herewith enclose my remittance (check or money order) of \$ _____ for the year 2018.

I understand that with the receipt of my membership card I will be entitled to all privileges of Membership and will abide by all conditions of membership as stated in the By-Laws.

Name _____
(last name) (first name) (spouse)

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Cell Number _____

Country of Birth _____
(applicant) (spouse)

Name and age of children age 18 and younger _____

Are you willingly to become a volunteer in our organization? Yes

Occupation _____
(applicant)

E-mail _____

Receive GACA Newsletter by:
() Mail () Email () Both

Submit application for board approval

#1 Sponsor _____

#2 Sponsor _____

Signature _____

Date: _____

Mail application and payment to:

G.A.C.A
Elfriede Jass
7621 Englewood
Raytown, Mo 64138-2444

Email: Saaleelf@sbcglobal.net

Cell: (816) 739-2948

Current Fees
(Jan-Dec)

Family Membership: \$30.00 per year
Individual Membership: \$25.00 per year
Half year Membership: Half price (Jun – Dec)