



The Cotillion

Application for Membership

Name(s): _____

Address(es): _____

City, State, Zip: _____

Telephone(s): _____

E-mail(s): _____

I/We wish to join as an individual member
 couple membership

Our organization is only as strong as its leadership volunteers. Therefore, we hope you will consider serving at some point in time as a member of the Board of Directors.

Applicant(s) Signature(s)

First Sponsor: _____

Second Sponsor: _____

(Two Cotillion member sponsors required)

Date: _____

How did you originally hear about The Cotillion? _____

Send your application to Membership Chairs:

Nancy McClearn

110 N. Pine Ave.

Albany, NY 12203

nlmcclearn@gmail.com