

# PEACHTREE CLOWN ALLEY

## Membership Application

DATE OF APPLICATION: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zipcode: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ CELL / PAGER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: M F

CLOWN NAME(S) USED: \_\_\_\_\_

TYPE OF CLOWN:      WHITE FACE      AUGUSTE      TRAMP      CHARACTER

I WILL WORK AS A CLOWN FOR:      PAYING JOBS      VOLUNTEER JOBS

Member of Clowns Of America International (COAI)? No Yes      COAI Number: \_\_\_\_\_

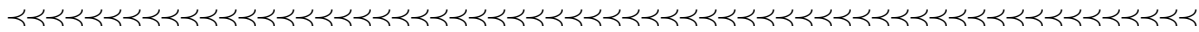
Member of World Clown Association (WCA)? No Yes      WCA Number: \_\_\_\_\_

Member of South East Clown Association (SECA)? No Yes

### VOLUNTEER OPPORTUNITIES IN THE PEACHTREE CLOWN ALLEY:

(Please check your interests below.)

<input type="checkbox"/> Membership	<input type="checkbox"/> Sunshine	<input type="checkbox"/> Annual Clown Show
<input type="checkbox"/> Publicity	<input type="checkbox"/> Social	<input type="checkbox"/> Education/Programs
<input type="checkbox"/> Scrap Book	<input type="checkbox"/> Talent	<input type="checkbox"/> National Clown Week (1 <sup>st</sup> week in August)



#### Annual Membership Fees:

PCA:    \$25.00 for the first member of a family    \$15.00 for each additional immediate family member  
**(New members only**– if joining after January – subtract \$1 for each month after January, example join in June, pay \$20)  
 \$5 for information to be listed on the website



*Meeting: 7:00 P.M., 3<sup>rd</sup> Monday of each month unless otherwise announced*  
*Location: First Baptist Church-Doraville 5935 New Peachtree Rd, Doraville, GA 30340*

I, \_\_\_\_\_, a member in good standing with the Peachtree Clown Alley (PCA) of Atlanta Georgia, on this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, do hereby give my permission to publish any form of my clown picture for the publicity of PCA. In addition, I \_\_\_do / \_\_\_do not wish for my telephone number/email address published on the website member directory.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed application and check to Carl Line - 6633 Swift Creek Rd Lithonia, GA 30058