



**KNOWLEDGE NEEDS PRINTING • PRINTING NEEDS KNOWLEDGE
SHARE THE KNOWLEDGE**

- Application For Membership
- Address Change
- Employer Change

Name: _____ Date: _____

Home Address: _____

City, State and Zip: _____

Home Phone: _____ E-mail _____

Employer: _____ Business Phone: _____

Business Address: _____

Occupation: _____ Position: _____ Years Exp.: _____

Signature of Applicant: _____ Date: _____

Sponsor's Name: _____

Mailing Address (check your preference): Home Work

Please mail this application to:
Lou Kolarik
6225 Fairdel Avenue
Baltimore, Maryland 21206

Please make check payable to:
The Litho Club of Baltimore

\$10. Initiation Fee + \$25. Annual Dues = \$35. Due at time of application