CLUB APPLICATION

Date:_____Name of Club:_____

Meeting Schedule: _____

Will your club be generating funds by membership dues? ☐ Yes ☐ No

If your club will be generating dues, please provide proof of Club Bank Account along with this application.

Club President:

Name:_____ Phone Number:_____

Address:_____ Email: _____

* Please list any additional Club Officers on the back of this form. I.E. Vice President, Treasurer, Secretary etc.

☐ Please initial that you have read, understand, and agree to all Telaro Club Rules and Terms.

Club Mission Statement: _____

_____

_____

Club Activity Description: _____

_____

_____

- *Telaro HOA reserves the right to approve or deny clubs at their discretion. All clubs must be open to all residents. Political, Religious or Secret Society Clubs are prohibited.

FOR TELARO USE ONLY

Date: _____ ☐ APPROVED ☐ DENIED

Lifestyle Director: _____

*Please note that additional club officers are not mandatory.

ADDITIONAL CLUB OFFICERS:

Officer Title:_____

Name:_____ Phone Number:_____

Address:_____ Email: _____

Officer Title:_____

Name:_____ Phone Number:_____

Address:_____ Email: _____

Officer Title:_____

Name:_____ Phone Number:_____

Address:_____ Email: _____

Officer Title:_____

Name:_____ Phone Number:_____

Address:_____ Email: _____