



**A Family Club 501(c) (3) Non-Profit Organization
P.O.BOX 36141, Houston, TX 77236**

MEMBERSHIP APPLICATION

APPLICANT

Full Name _____ Date of Birth ____/____/____

Address _____ City _____ Zip _____

Phone (Home) _____ (Cell) _____ (Work) _____

(Email) _____

ELIGIBILITY

I am a Bini: by Birth () by Marriage (), by Adoption ()

Place of birth (City) _____ (State) _____ (Country) _____

Fathers Name _____ Mothers Name _____

APPLICANT'S SPOUSE

Full Name _____ Date of Birth ____/____/____

Address _____ City _____ Zip _____

Phone (Cell) _____ (Work) _____ Email _____

Spouse father's name _____ Spouse Mother's name _____

APPLICANT'S CHILDREN

1) _____ Date of Birth ____/____/____ Email _____

2) _____ Date of Birth ____/____/____ Email _____

3) _____ Date of Birth ____/____/____ Email _____

4) _____ Date of Birth ____/____/____ Email _____

5) _____ Date of Birth ____/____/____ Email _____

6) _____ Date of Birth ____/____/____ Email _____

APPLICANT'S NEAREST RELATIVE

Name: _____ Address _____

PHONE: CELL _____ HOME _____

REFERENCES

1) NAME _____ RELATIONSHIP _____

PHONE: CELL _____ HOME _____ WORK _____

2) NAME _____ RELATIONSHIP _____

PHONE: CELL _____ HOME _____ WORK _____

PLEASE TELL US WHY YOU WANT TO JOIN THE BINI CLUB OF HOUSTON

APPLICANT'S DECLARATION

I declare that the information provided here is accurate and honest. I agree to pay a non refundable one time registration fee of \$30 and monthly dues as set by Bini Club. I agree to pay all other dues/fees and levies approved or set by Bini Club. I promise to represent Bini Club when called upon. I agree to be bound by the constitution, by-laws, rules and regulations of Bini Club of Houston.

Applicant signature _____ Membership start date _____

OFFICE USE ONLY

1st FINANCIAL SECRETARY'S APPROVAL

1. (New Member) Registering as Single () Couple ()
2. (Returning Member) Reregistering: Yes () No ()
 - If yes, is this the 1st () or 2nd () time since January 2013
 - If 2nd time, returning member must pay all previously owed to become a member
3. Non-refundable Registration fee \$30 must be paid to start membership: Paid: Yes () No ()
4. Monthly dues Paid Single \$25 () Couple \$50 () Total dues paid \$ _____
5. Life Insurance Paid Y () N () If yes amount paid \$ _____
6. Total amount paid \$ _____

Financial secretary's signature _____ Date _____

2nd SCREENING COMMITTEE'S APPROVAL

Criteria for membership met? Yes () No ()
New member orientation completed? Yes () No ()
Screening committee Signatures: 1 _____ 2 _____ 3 _____

3rd PRESIDENT'S APPROVAL

APPLICATION APPROVED () APPLICATION NOT APPROVED ()

President's Signature _____ Date _____



A Family Club 501(c) (3) Non-Profit Organization biniclubofhouston.org
11315 Fairmont Street, Houston, TX 77035 Tel: 713-530-9556
P.O.BOX 36141, Houston, TX 77236 Email: info@biniclubofhouston.org

MEMBERSHIP CHANGE OF STATUS
ADDITION OF SPOUSE

CURRENT MEMBER

Full Name _____

Phone (Cell) _____ (Home) _____ Member since _____

I wish to add my Spouse to membership of Bini club. I agree to pay dues/fees and levies associated with members that are couples.

Signature _____ Date: _____

NAME OF SPOUSE TO BE ADDED

Full Name _____ Date of Birth ____ / ____ / ____

Address _____ City _____ Zip _____

Phone (Cell) _____ (Home) _____ Email _____

Place of birth (City) _____ (State) _____ (Country) _____

Fathers Name _____ Mothers Name _____

APPLICANT'S DECLARATION

I declare that the information provided here is accurate and honest. I agree to pay all other dues/fees and levies approved or set by Bini Club. I promise to represent Bini Club when called upon. I agree to be bound by the constitution, by-laws, rules and regulations of Bini Club of Houston.

Applicant signature _____ Membership start date _____

NAME OF CHILDREN

1) _____ Date of Birth ____ / ____ / ____ Email _____

2) _____ Date of Birth ____ / ____ / ____ Email _____

3) _____ Date of Birth ____ / ____ / ____ Email _____

4) _____ Date of Birth ____ / ____ / ____ Email _____

OFFICE USE ONLY

1. Change of status: Approved () Denied () 2. Fee paid \$ _____ (Change in dues from \$25 to \$50)

Financial secretary's signature _____ Date _____

President's Signature _____ Date _____



A Family Club 501(c) (3) Non-Profit Organization biniclubofhouston.org
11315 Fairmont Street, Houston, TX 77035 Tel: 713-530-9556
P.O.BOX 36141, Houston, TX 77236 Email: info@biniclubofhouston.org

MEMBERSHIP CHANGE OF STATUS
REMOVAL OF SPOUSE

CURRENT MEMBER

Full Name _____

Phone (Cell) _____ (Home) _____ Member since _____

I wish to remove my Spouse from membership of Bini club. I now wish to maintain single membership. I agree to pay any associated fees.

Signature _____ Date: _____

NAME OF SPOUSE TO BE REMOVED

Full Name _____ Date of Birth _____ / _____ / _____

Address _____ City _____ Zip _____

Phone (Cell) _____ (Home) _____ Email _____

APPLICANT'S DECLARATION

I declare that the information provided here is accurate and the decision to remove a member is solely within our family and as such we are responsible for any damage or discomfort caused by this decision . I agree to pay all associated fees.

OFFICE USE ONLY _____

1. Change of status: Approved () Denied () 2. Fee paid \$ _____ (Change in dues from \$50 to \$25)

Financial secretary's signature _____ Date _____

President's Signature _____ Date _____