



**CADILLAC & LaSALLE CLUB
YOUTH PROGRAM**

MEMBERSHIP APPLICATION

NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

OR

INTERNATIONAL ADDRESS _____

CITY/PROVINCE/POSTAL CODE _____

COUNTRY _____

EMAIL ADDRESS _____

PHONE _____

BIRTHDAY _____

CLC PARENT/GRANDPARENT _____

PARENT/GRANDPARENT CLC NO. _____

Forward application to:

Nancy Book
CLC Youth Program Membership Coordinator
P.O.Box 360835
Columbus, OH 43236-0835
USA