

MEMBERSHIP APPLICATION
for The Touchdown Club of New Orleans, Inc.

www.TDCNO.com

Applicants must be adult persons (age 21 and over), of good character and community standing
Please print, type or write clearly. Use the back of the application to give more detailed information.

Name: _____
Address: _____
City: _____
State: _____ ZIP: _____
Email Address #1: _____
Email Address #2: _____

Home Phone: (____) _____ - _____
Office Phone: (____) _____ - _____
Cell Phone: (____) _____ - _____
Employer: _____
Occupation: _____
Spouse/Partner Name: _____

Birth Date (month/day/year): ____/____/____

Are you a New Orleans SAINTS Season Ticket Holder? (circle one): Yes No

Brief biography AND interest in joining. Please list events you have attended in the past:

Please list any past and present memberships in organizations and any offices held within these organizations:

Club Involvement and Support: I can support the Club by attending: (circle)

- | | | |
|--------------------|-------------------|-----------------------------|
| 1. Dinner Meetings | 3. Awards Banquet | 5. Meet the Saints Luncheon |
| 2. Annual Meeting | 4. Super Boil | |

Information I have given in this application is true and complete. I understand that false information may be grounds for loss of membership.

X _____ *Date: _____
*Applicant's Signature

X _____ *Date: _____
Sponsoring Member (Please Print)- Leave blank if you do not have a sponsor

I am 21 years of age or older: (circle one): Yes No

Completed Applications will be presented to the Board of Directors for approval. The membership committee will contact you (by e-mail) following the review and provide you with membership information.