**(AM-1)**

**CECO EMPLOYEES RECREATION ASSN., INC.**

**ASSOCIATE MEMBERSHIP FORM**

Request for Associate Membership in CECO under CECO Bylaw Article IV, MEMBERS, Section 8.

Associate Members

The Certificate holding Member may elect to have two (2) of their children, step children, grandchildren or siblings become associate members that are 18 years of age or older. An Associate Member Membership Certificate would be issued upon the payment of $500 initiation fee and current annual dues. The Associate Member would have club privileges except that of voting or holding office. The Associate Member is not a certificate holding member. Upon the death of the Associate Member the Membership would automatically be terminated. The Board of Directors shall regulate the number of Associate Members.

Revised and Approved: June 14, 2020

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CECO NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_ a Certificate holding member would like my son, step son, daughter, step daughter, sibling or grandchild to become an Associate Member in CECO in accordance with CECO Bylaws Article IV, Section 8 .

Relationship to Certificate holder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Certificate holder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please fill out form, sign and return. Along with this form, please send a copy of your birth certificate, a copy of your son, step son, daughter, step daughter, sibling or grandchild’s state certified birth certificate and their current driver’s license.

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of CECO Member

**RETURN FORMS TO:**

Karen Block Secretary/Treasurer

2414 Byrum Blvd,

Joliet, IL 60431

Any questions call 815-530-1817 or email [ksblock@comcast.net](mailto:ksblock@comcast.net)