

Society of Unrepentant Cigar Connoisseurs

Membership Application

* Required Information

Name *	Honorific	Surname	Given	Initial(s)
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Email	Primary *
	Secondary
	Other
	Other

Phone	Please list at least one preferred contact number *
	Mobile
	Home
	Business

Address *	Street	City	
Circle Hm/Wk	Prov/State	Country	Postal/Zip Code

Address	Street	City	
Circle Hm/Wk	Prov/State	Country	Postal/Zip Code

Date of Birth *	Month	Day	Year (XXXX)
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Special skills or interests:

Signature

Date (M/D/YEAR)

Verified by Membership Committee: Initials _____ Date _____

Dues Rec'd: Initials _____ Date _____