



COMMUNITY SERVICES FOUNDATION INC.
d.b.a.:
THE IMPERIAL COURT OF BUFFALO
MEMBERSHIP APPLICATION

LEGAL NAME _____

STAGE NAME (if applicable): _____

MAILING ADDRESS: _____

City: _____ **State:** _____ **Zip:** _____

PHONE NUMBERS:

Home: _____ **Other:** _____

EMAIL ADDRESS (Meeting Notice & Minutes): _____

BIRTHDAY: _____ (month and day only)

Please list any special skills that you have that you would like to utilize as a member of the ICOB: _____

Are you a member of any other Volunteer Organization? _____
Please list: _____

As a member, I agree to adhere to the Rules and Regulations of the Community Services Foundation dba: The Imperial Court of Buffalo as outlined in the Protocol Manual and by signature, I do hereby certify that I am over the age of 21 years.

Signature: _____ **Date:** _____

INCLUDE a photocopy of a current NYS Driver's License OR Non-Driver ID, a check or money order for the membership fees \$25.00 plus \$10.00 initiation fee.

Payments returned by a financial institution for any reason shall incur a minimum additional penalty charge of \$25.

Mail to Imperial Court of Buffalo; PO Box 244; Buffalo, NY 14213

For Board Use:	
Membership Fee pd: _____	Protocol Manual Issued: Yes No
Dues amount pd: _____	Master List Updated: _____
Date of Vote Eligibility: _____	
Signature of Board Member: _____	Title _____
ID Verification _____	Date _____