NORTH PENN GOODWILL SERVICE ("NPGS") MEMBERSHIP APPLICATION Date of Application:

MEMBERSHIP APPLICATI	<u>ON</u>	Date of Application:
Applicant's Name:		Soc.Sec. #:
Applicant's Full Address:		
		er's License #/State:
Email Address:		
Please provide the following		
•	•	Relation:
		Relation:
ivallie.	FIIOHE #	INGIALIOTI.
Qualifi	cations and Require	ements for New Members
	-	sts of the NPGS in its aims.
2. Must be eighteen (18)	•	
3. Must not have any cri	, ,	
Must have a valid Per		
		anding in this community.
6. Must have his/her ow		
		applicant is known to drink excessively, thereby
jeopardizing the exce	•	
investigation.	ers skills or qualific	cations will also be considered as part of the
9. Health of prospective	member shall be ca	arefully scrutinized
		num of twenty percent (20%) of all designated
meeting. Following ap	oproval, the applicar	will be presented at a general membership nt will be called by the Investigating Committee ne to the building to join in the remainder of the
12.Applicant will be req ground" check comp assist with getting this	leted and submit w s processed.	riminal Background" and "Child Abuse Back- rith this application. The Executive Board wil
13.By signature below, complies with all qual		fies that he/she has read, understands and
Applicant will	Read Entire App	plication at Time of Interview
Signatures:		
	-	Applicant
We the Investigating	Committee have in	terviewed this candidate and will submit our
report at regular meeting:	John Marco, Havo III	to the transfer and sand and this sand out
(1)	((Chairman's Signature)
(2)		\ ' /