



Orange County Noble Vikings Membership and Donation Form

Federal Tax Id # 33-0849356

DATE:

Last Name	First Name	MI

Company Name	Occupation

Business Address

Business Phone:	Business Fax:
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Residence Address

Residence Phone:	e-mail address:
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Spouse's Name:	I wish my correspondence to be sent :
	Office_____ Residence_____

TO BE COMPLETED BY SPONSORS. I have fully explained Viking ByLaws and my responsibilities as Sponsor:	
Sponsor (Please Print)_____	Sponsor Signature: _____
Sponsor (Please Print)_____	Sponsor Signature: _____

I hereby make application for membership to the Viking Charities. Enclosed is my membership/donation fee of \$_____.
Membership fee must accompany application. I fully understand the obligations of a true Viking: Charity, Attendance, and Good Fellowship. Signature_____ Date_____

Hobbies/Sports: _____	Business History (Brief Des): _____	Interesting Experience: _____	I would like to be a Viking because: _____
College: _____	_____	_____	_____