

Membership Application  
**GACA**  
**German American Citizens Association**



I wish to join the German-American Citizens Association and herewith enclose my remittance (check or money order) of \$ \_\_\_\_\_ for the year 2017.

I understand that with the receipt of my membership card I will be entitled to all privileges of Membership and will abide by all conditions of membership as stated in the By-Laws.

Name \_\_\_\_\_  
(last name) (first name) (spouse)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Country of Birth \_\_\_\_\_  
(applicant) (spouse)

Name and age of children age 18 and younger \_\_\_\_\_

Are you willingly to become a volunteer in our organization? Yes

Occupation \_\_\_\_\_  
(applicant)

E-mail \_\_\_\_\_

Receive GACA Newsletter by:  
( ) Mail ( ) Email ( ) Both

Submit application for board approval

#1 Sponsor \_\_\_\_\_

#2 Sponsor \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Mail application and payment to:

G.A.C.A  
Elfriede Jass  
7621 Englewood  
Raytown, Mo 64138-2444

Email: [Saaleelf@sbcglobal.net](mailto:Saaleelf@sbcglobal.net)

Cell: (816) 739-2948

**Current Fees**  
**(Jan-Dec)**

Family Membership: \$30.00 per year  
Individual Membership: \$25.00 per year  
Half year Membership: Half price (Jun – Dec)