

**APPLICATION for MEMBERSHIP  
KNICKERBOCKER ATHLETIC ASSOCIATION, Inc.**

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LOWELL, MASS. \_\_\_\_\_ 19 \_\_\_\_\_

I hereby make APPLICATION to become a MEMBER of the above ASSOCIATION.  
I AGREE to be GOVERNED by ALL RULES and REGULATIONS of the ASSOCIATION.

Name \_\_\_\_\_

Street \_\_\_\_\_

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

Proposed by: \_\_\_\_\_

Seconded by: \_\_\_\_\_ Tel \_\_\_\_\_

(PLEASE PRINT)