

# Glen Burnie Improvement Association

## MEMBERSHIP APPLICATION

Please Print Clearly

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

To view complete eligibility requirements and a map of the Association's boundary lines online, visit <https://www.gbia.org/membership>. Select one:

☐ **General Member**

I hereby confirm that I meet the eligibility requirements for joining the Glen Burnie Improvement Association as a General Member and live within the Association's established boundary lines. I agree to conform to the Bylaws and Constitution of the Association and to work with the members in the interest of the community.

☐ **Associate Member**

I hereby confirm that I meet the eligibility requirements for joining the Glen Burnie Improvement Association as an Associate Member as I live outside the Association's established boundary lines, but within the 21060 or 21061 zip codes. I have (1) attended at least four general membership meetings, and (2) volunteered at one event or served on one of the Association's committees within the past 12 months. I agree to conform to the Bylaws and Constitution of the Association and to work with the members in the interest of the community.

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

**Lifetime membership dues are \$1. Please submit dues with this completed application.**

*Membership applications shall lie on the table for one (1) month before being voted upon at a general membership meeting. Applicants may be elected to membership by a majority of the members present and voting at the meeting.*

**General membership meetings are held at the GBIA Hall (19 S. Crain Highway) on the second Tuesday of every month starting promptly at 7:00 p.m.**

***Members are encouraged to become actively involved in the Association by attending monthly meetings, volunteering at events, serving on committees, and holding leadership positions.***

**FOR OFFICE USE**

Processed by: \_\_\_\_\_ Date Received: \_\_\_\_\_ Dues: \_\_\_\_\_

First Reading: \_\_\_\_\_ Second Reading: \_\_\_\_\_ Card No: \_\_\_\_\_

Certificate/Card: \_\_\_\_\_ Presented at meeting \_\_\_\_\_ Mailed \_\_\_\_\_ Initials: \_\_\_\_\_