



MEMBERSHIP APPLICATION

Date:

Last Name:

First Name:

Address:

City:

State:

Zip:

Cell Phone:

Birthdate:

Email:

Do you agree to receive text message updates from the Travel Club: **Y** or **N**
(circle one)

Travel Interests: _____

Last 4 digits of your qualifying account: _____

MAIL COMPLETED FORM TO:

Shirt Size: _____

Mineola Community Bank
c/o Travel Club
P.O. Box 410
Mineola, TX 75773
brittany@mineolacb.com
(903)569-2602

*I am a current deposit account holder with Mineola Community Bank and meet the minimum age requirement of 21 to participate in the Travel Club. By signing this membership application, I agree to the Travel Club Terms & Conditions.

Signature: _____