



Marshall Chess Club

23 West 10th Street

New York, NY 10011

www.MarshallChessClub.org

Membership Application Form

(Note: All applications subject to review by the Membership and Executive Committees and approval by the Board of Governors)

Name: _____ Email: _____

Address: (street, city, state, zip) _____

Telephone: (home) _____ (work) _____ (mobile/cell) _____

Referred by: _____ Date of Birth _____

Emergency Contact: name _____ phone: _____

I have read and agree to abide by the Marshall Chess Club Rules of Conduct.

Signature: _____
(applicant)

Signature: _____
(parent or guardian, if applicant is a minor)

Reasons for joining the Marshall Chess Club? (check as many as apply)

Blitz/speed play
Camps/workshops
Casual play

Chess Center Events
Lectures
Lessons/education

Social setting
Tournament play
Other: _____

USCF ID # _____ FIDE rating _____

USCF rating _____ FIDE title _____

When do you foresee yourself utilizing the Marshall Chess Club?

Weekday afternoons Weekday evenings Weekend afternoons Weekend evenings

How many years have you been playing chess? _____

Have you ever been a member of the Marshall Chess Club before? Yes No If yes, when? _____

Have you ever been a member of another chess club? Yes No

If yes, which chess club? _____

Are you still a member there? Yes No

Do you know some members of the Marshall Chess Club? Names: _____

Do you have any special skills or talents that might benefit the Marshall Chess Club?

Comments? _____

**PLEASE MAKE YOUR CHECK PAYABLE TO THE MARSHALL CHESS CLUB.
Thank you!**