

• APPLICATION FORM FOR THE •

BLUE BONE SOCIETY

NAME:

SHOP:

STREET:

CITY:

ZIP CODE :

COUNTRY:

EMAIL ADDRESS:

I CHOOSE TO BE A:

PATRIOT (€65 OR \$80)

GODFATHER (€200 OR \$250)

ORIGINAL GANGSTER (€500 OR \$625)

MEMBER OF THE BROTHERHOOD (€1000 OR \$1250)

I PAID € / \$ IN CASH TO THE AMBASSADOR OF
THE BLUE BONE SOCIETY

I WILL PAYPAL € / \$ TO INFO@BLUEBONESOCIETY.COM

DATE:

PLACE:

SIGNATURE:

**THANK YOU VERY MUCH FOR YOUR SUPPORT AND
YOU WILL RECEIVE YOUR MEMBERSHIP CARD SOON!**

