



West Fargo Exchange Club

Club Number 1894

New Business Member Enrollment Application

(Please Print)

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Contact Person Associate Member Information

Name: _____ M F Nickname: _____
(First) (MI) (Last)

Spouse: _____ Nickname: _____
(First) (MI) (Last)

Home Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Home Phone: ____/____-____ Business Phone: ____/____-____ Cell Phone: ____/____-____

Date of Birth: ____/____/____
(Month) (Day) (Year)

Profession: _____ (Banker, Realtor, Manager, etc.)

Associate Member #2 Contact Information

Name: _____ M F Nickname: _____
(First) (MI) (Last)

Spouse: _____ Nickname: _____
(First) (MI) (Last)

Home Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Home Phone: ____/____-____ Business Phone: ____/____-____ Cell Phone: ____/____-____

Date of Birth: ____/____/____
(Month) (Day) (Year)

Profession: _____ (Banker, Realtor, Manager, etc.)

Associate Member #3 Contact Information

Name: _____ M F Nickname: _____
(First) (MI) (Last)

Spouse: _____ Nickname: _____
(First) (MI) (Last)

Home Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Home Phone: ____/____-____ Business Phone: ____/____-____ Cell Phone: ____/____-____

Date of Birth: ____/____/____
(Month) (Day) (Year)

Profession: _____ (Banker, Realtor, Manager, etc.)

Current WF Exchange Club Member Sponsor: _____

I hereby qualify as a member of the Exchange Club and shall be granted all the rights and privileges of membership. I agree to adhere to all club rules, regulations and policies.

New Business Contact Associate Signature: _____

For Office Use Only:

Date Submitted to National Exchange Club: _____ Submitted By: _____