



# West Fargo Exchange Club

Club Number 1894

## New Member Enrollment Application

(Please Print)

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: \_\_\_\_\_ (Retired, Banker, Realtor, Manager, etc.)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Send Dues Billing to:  Home Address  Business Address (please select one)

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 Member's Signature: \_\_\_\_\_

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For Office Use Only:

Date Submitted to National Exchange Club: \_\_\_\_\_ Submitted By: \_\_\_\_\_