

West Fargo Exchange Club **Membership Application**

Type: New Member Reinstatement Change of Classification Transfer

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.

(Please Print)

Name: _____ M F Nickname: _____

Spouse: _____ Nickname: _____

Address: _____ E-Mail: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Fax Number: _____ Profession: _____

Date of Birth: _____ New Member's Signature: _____

Sponsor: _____ Sponsor's Club: _____