



LAUREL EXCHANGE CLUB

P.O. Box 34, Laurel, Montana 59044 Attn: Secretary

Membership Application

Name: _____ Nickname: _____

Birthdate: _____ Employer: _____

Position/Title: _____

Business Address: _____

Work Phone Number: _____

Type of Membership: Business Personal

Will your employer be paying your dues? All None Partial

If yes: Invoice mailing address _____

To the Attention of: _____

Home Address: _____

Home Phone Number: _____

E-mail address: _____

Spouse's Name: _____

Number of Children and Ages: _____

Who invited you to the Laurel Exchange Club? _____

Do you know other members of the Club? _____

Are you currently in another service Club? _____

What charities and non-profit organizations do you currently work with? _____

CERTIFICATIONS		<i>Applicants Must Initial</i>
<i>The undersigned applies for the Laurel Exchange Club.</i>		
TRUE STATEMENTS: All statements made in this application are true and correct and will be used for the purpose of evaluating membership eligibility.		
DUES: I understand the membership dues for the Laurel Exchange Club are \$120 per quarter and due in a timely manner. Any member who becomes two quarters in arrears is subject to termination.		
COMMITTEES: While participating on a committee is not a requirement, the involvement of all members on committees only goes to the greater overall good of the club.		
SIGNATURE		
I fully understand that my membership is subject to termination for failing to meet above requirements.		
Applicant: _____		Date: _____

Date application received: _____ Approval Date: _____

Received By: _____

Payment: Amount: _____

Cash Business Check # _____ Personal Check # _____