



**EXCHANGE**  
WEST FARGO EXCHANGE CLUB

## MEMBERSHIP APPLICATION FORMS

West Fargo Exchange Club • PO Box 522 • West Fargo, ND 58078

The West Fargo Exchange Club offers both an individual and business membership. Application forms for both levels are attached. Please fill out and submit the applicable form.

The Individual Membership Form is for a single membership. If the membership is to be associated with a business, please include that information and whether dues and fees should be invoiced to the member or the business.

Business Membership allows a firm to have up to three authorized representatives. All may participate in Club activities. All billing will be sent to the business.

If a current member encouraged you to join, please indicate the member's name in the box on the bottom of the page (yes, its alright to fill in this spot in the Office Use Only section!).

You may mail in the completed application to the address above or submit it to a Club member.

***Thank you!***



**AMERICA'S SERVICE CLUB**



# EXCHANGE

WEST FARGO EXCHANGE CLUB

# INDIVIDUAL MEMBERSHIP APPLICATION

West Fargo Exchange Club • PO Box 522 • West Fargo, ND 58078

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Applicant

Name \_\_\_\_\_

Address \_\_\_\_\_

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

E-Mail \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

*Optional Information - Used for Demographic and Reference Purposes Only (not required):*

Male    Female    Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Spouse's Name \_\_\_\_\_

## Employer

If you are representing a business, please provide their information. Business memberships are available for firms who would like more than one representative.

Name \_\_\_\_\_

Position \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

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

## Billing

Send Invoices To -    Home Address    Business - Attention: \_\_\_\_\_

*I hereby certify that I will actively participate in the Club's activities and abide by its rules, policies and regulations.*

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<i>Office Use Only</i>	Sponsoring Member _____
	Date Submitted to the National Exchange Club ____ / ____ / ____
	Submitted by _____



# AMERICA'S SERVICE CLUB



# EXCHANGE

WEST FARGO EXCHANGE CLUB

# BUSINESS MEMBERSHIP APPLICATION

West Fargo Exchange Club • PO Box 522 • West Fargo, ND 58078

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Address \_\_\_\_\_

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

Business Type \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### Business Representative #1:

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

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

E-Mail \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

*Optional Information - Used for Demographic or Reference Purposes Only (not required):*

Male    Female    Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Spouse's Name \_\_\_\_\_

### Business Representative #2:

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

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

E-Mail \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

*Optional Information - Used for Demographic or Reference Purposes Only (not required):*

Male    Female    Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Spouse's Name \_\_\_\_\_

### Business Representative #3:

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

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

E-Mail \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

*Optional Information - Used for Demographic or Reference Purposes Only (not required):*

Male    Female    Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Spouse's Name \_\_\_\_\_

Continued 

Business members are allowed up to three representatives who may all participate in all Club functions. It is the responsibility of the business to notify the West Fargo Exchange Club of changes in representation. All applications are subject to review and approval of the West Fargo and National Exchange Clubs.

*I hereby certify that the business and its representatives will abide by all Club rules, policies and regulations.*

**Authorized Signature** \_\_\_\_\_ Date    /    /   

<i>Office Use Only</i>	Sponsoring Member _____
	Date Submitted to the National Exchange Club <u>  </u> / <u>  </u> / <u>  </u>
	Submitted by _____



# **AMERICA'S SERVICE CLUB**