

THE EXCHANGE CLUB OF ROME
Membership Application

Date: _____

To the Board of Directors,

The following application is hereby made for membership in the Exchange Club of Rome:

Applicants Name: _____

Employer: _____ Position _____

Please check preferred mailing address

Business Address: _____

City: _____ State: _____ Zip: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Phone # _____ Home Phone # _____

Cell Phone # _____ Birth Date: (Optional) _____

Email Address: _____

Interest/Hobbies: _____

Other Community Activities: _____

I certify that (A) I personally know the Applicant; (B) I believe the Applicant to be of good character; (C) in my opinion, the Applicant is willing to participate in the programs and projects of the Exchange Club; and (D) I will endeavor to involve the Applicant in all aspects of our Club.

If this Applicant is approved by the Board of Directors and the Applicant is accepted into this Club, I will, upon notice of acceptance, notify the Applicant of acceptance to membership in the Exchange Club of Rome.

Sponsoring Member (Signature) _____

Date Approved by Board: _____ Date Read to Membership: _____

Date Accepted/Approved: _____ Date Inducted: _____

An application fee of \$25.00 must accompany this application