



EXCHANGE

THE EXCHANGE CLUB OF WALLA WALLA, WA

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		Spouse:	
Date of Birth:	Home Phone:	Cell Phone:	
Home Address:		Preferred Email:	
City:	State:	ZIP Code:	

EMPLOYMENT INFORMATION

Employer:		
Employer Address:		
Work Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Title:	Profession:	

AREAS OF INTEREST

<input type="checkbox"/> Community Involvement	<input type="checkbox"/> Family/Youth Activities
<input type="checkbox"/> Americanism	<input type="checkbox"/> Children's Easter Egg Hunt
<input type="checkbox"/> Child Abuse Prevention	<input type="checkbox"/> Youth of the Month/Year & ACE Award
<input type="checkbox"/> Rodeo	<input type="checkbox"/> Community Bank Ducky Derby
<input type="checkbox"/> Club Member Activities	<input type="checkbox"/> Sponsors <input type="checkbox"/> Marketing
<input type="checkbox"/> Family Picnic	<input type="checkbox"/> Ticket Sales <input type="checkbox"/> Duck Logistics
<input type="checkbox"/> Adult Holiday Party	<input type="checkbox"/> Family Festival
<input type="checkbox"/> Children's Christmas Party	<input type="checkbox"/> Other
<input type="checkbox"/> Valentine's Party	

GETTING TO KNOW YOU

List past or present professional or service club memberships and offices held:

Do you have children? How many? Please list their names and ages:

Name/Age:	Name/Age:
Name/Age:	Name/Age:

Would you like to share your hobbies?

What attracted you to Exchange?

Are there things you would like us to know about you?

SIGNATURES

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.

Signature of applicant:	Date:
Sponsor:	Date:

I understand that upon acceptance of my application, I will be invoiced for a prorated portion of the first quarterly dues plus the \$60 application fee.