



EXCHANGE MEMBERSHIP CERTIFICATION

Top portion must be completed by club officer before mailing

Exchange Club of Quincy State Illinois Club # 1447

Club Officer's Signature _____ Title _____ Date _____

Type: New Member Reinstatement Change of Classification Transfer (From club # _____)

Classification: Active Active Honorary At-Large Life Honorary Active Military

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 _____
(First) (M.I.) (Last)

Spouse _____ Nickname _____
(First) (M.I.) (Last)

Address _____ E-Mail _____

City _____ State _____ Zip _____ -

Home Phone () - _____ Buisness () - _____

Fax Number () - _____ Profession _____

Preferred e-mail address _____

Date of Birth _____ Wedding anniversary date _____
(Month/Day/Year)

Sponsor _____ Sponsor's Club Quincy