



EXCHANGE CLUB OF MACON

P. O. Box 7584
Macon, GA 31209

APPLICATION FOR MEMBERSHIP

Date: _____

Name: _____

Nickname, if any: _____

HOME:

BUSINESS:

Address: _____

Business Name: _____

City: _____ Zip: _____

Street Address: _____

Home Phone: _____

City: _____ Zip: _____

Cell Phone: _____

Phone: _____

Mailing address, if different:

Preferred mailing address: Home Business

PERSONAL: Church Affiliation _____ Education/Degrees: _____

Clubs/Fraternal: _____ Hobbies/Special Interests: _____

Please check areas of interest in the club: Social Activities Professional Development Business Networking
 Child Abuse Prevention Americanism Community Involvement Family/Youth Programs Other: _____

References: _____

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: _____

(Club use only)

Reasons you think prospect would make a good member: _____

New Member Reinstate Transfer Recommended by _____

Approved by:

_____ Date: _____
(Membership Committee)

_____ Date: _____
(President)