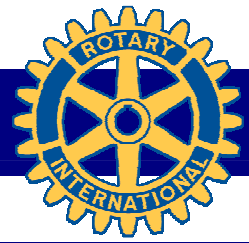


# MEMBERSHIP PROPOSAL FORM



## THE FOLLOWING IS TO BE COMPLETED BY CANDIDATE

FULL NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

DOB: \_\_\_\_\_ SPOUSE NAME: \_\_\_\_\_ DATE MARRIED: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ HOME FAX: \_\_\_\_\_

NAME OF FIRM (OR PROFESSION): \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_

E-MAIL 1: \_\_\_\_\_ E-MAIL 2: \_\_\_\_\_

SEND MAIL TO:  HOME ADDRESS  BUSINESS ADDRESS

DESCRIBE THE BUSINESS IN DETAIL:

\_\_\_\_\_

\_\_\_\_\_

GIVE A BRIEF HISTORY OF THE FIRM (ORIGIN, GROWTH, ETC.):

\_\_\_\_\_

\_\_\_\_\_

OTHER BUSINESS AFFILIATIONS:

\_\_\_\_\_

\_\_\_\_\_

OTHER ACTIVITIES:

\_\_\_\_\_

\_\_\_\_\_

GIVE ANY DETAILS YOU FEEL WILL BE OF VALUE TO THE MEMBERSHIP COMMITTEE:

\_\_\_\_\_

\_\_\_\_\_