

IMPORTANT

Please complete and return to Club Secretary with \$90 deposit

GYRO MEMBERSHIP APPLICATION INFORMATION FORM

CLUB: **Gyro Club of Nanaimo**

CLASSIFICATION: NEW MEMBER

REINSTATEMENT

PERSONAL INFORMATION

Name: _____
Last Middle I. First Nickname

Spouse name: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Home.Ph: _____ Hm. Fax: _____ Hm E-mail: _____

Birth date / / Spouse Birth date: / / Anniversary: / /
D M Y D M D M Y

BUSINESS INFORMATION

Business Name: _____

Business Address: _____

City: _____ Province: _____ Postal Code: _____

Bus.Ph: _____ Bus. Fax: _____ E-mail: _____

Proposed by: _____

Deposit Received _____ Treasurer

FOR CLUB USE ONLY

Date Received:

Submitted to District: / /
D M Y

Submitted to International: / /
D M Y

Initiation Date: / /
D M Y

Kit Ordered: Badges Ordered: