

UNIVERSITY CLUB of ROCKFORD

Application for Membership Membership Election Procedure

Application must be complete

Board will vote on candidate's election to membership. Sponsors will be notified of disposition of application.

			Date	, 20		
Name in full						
Home Address		Zip	Telephone No.	· <u></u>		
Business		Position				
*SS#		_*Required.				
Business Address		Zip	Telephone No.	· <u></u>		
Email Address			Fax No			
Send University Club state	ement to: Hor	me () Busine	ess ()			
Family Members (Spouse	and Children under	25 living at home)				
Name		Relation	Date of Birth	l		
Name		Relation	Date of Birth	l		
Name						
Name		Relation	Date of Birth	l		
Name		Relation	Date of Birth	l		
Name		Relation	Date of Birth	l		
		g toward a degree (years and dates) Credits earned				
Other Colleges attended _		Course	Degree	Degree earned		
Years and dates in attenda	nce					
Is applicant related to a m	ember?					
If so, please give name and						
List four members who		te and to whom the onal information.	secretary may addres	s requests for		
	Name		Address			
Sponsor 1						
2						
3						
4						

Give names of clubs and ass years.	sociations in which ap	pplicant has held	l memberships dur	ing the past 10
List community and civic ac	ctivities, and offices he	eld during the p	ast 10 years.	
Please E-mail a Photo to Ki	urt Schiffer at <u>kschiffe</u>	er@uclubrockfo	ord.com.	
I, member of the University Applicant's Signature	Club of Rockford subcertify that the above	e information is	ove data as to my q correct.	on to become a ualifications and
Sponsored by (Please Print)				
Sponsor's Signature			Date	
Seconded by (Please Print)				
Seconded Signature				
0				
Date presented to the Board	d of Director for post	ing		, 20
Elected	Rejected		Laid Over	
(Date)		(Date)		(Date)
	Entered in Club Men	nbership Roll _		, 20
		Bv		
		- J	Secretary	_