



EXCHANGE CLUB OF HELENA  
MEMBERSHIP PROPOSAL  
(This form must be completely filled out for Board review)

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

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(include City and Zip Code)

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

EMAIL ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Where do you want your mail sent? Home \_\_\_\_\_ Business \_\_\_\_\_

Business Profession/Employer: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

If married, spouse's name: \_\_\_\_\_

Children: \_\_\_\_\_

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For Club Use Only  
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Meeting – First Reading: \_\_\_\_\_ Approved \_\_\_\_\_ Tabled \_\_\_\_\_ Rejected \_\_\_\_\_

Meeting – 2<sup>nd</sup> Reading: \_\_\_\_\_ Approved \_\_\_\_\_ Tabled \_\_\_\_\_ Rejected \_\_\_\_\_

Board Meeting: \_\_\_\_\_ Approved \_\_\_\_\_ Tabled \_\_\_\_\_ Rejected \_\_\_\_\_

Green Card to National: \_\_\_\_\_ Date Registered: \_\_\_\_\_

Red Card to National: \_\_\_\_\_ Date Registered: \_\_\_\_\_

Name Badge: \_\_\_\_\_ Shirt (size): \_\_\_\_\_

Acceptance:

Initial Dues of \$165 are due with Application. This pays your first full quarter of dues in addition to any initiation fees that might be incurred.

## CLUB POLICIES

As a volunteer organization, it has always been felt that hard and fast rules are not welcome. There are exceptions to every rule.

Recognizing that the viability, visibility and monetary support to allow the Club to achieve its goals are of utmost importance, the membership as a whole has adopted the following policies:

**FUND RAISING:** The Club's fund raising efforts revolve around the sale of beer at various functions in the community. Work schedules are posted by a committee appointed by the President. It is the Member's responsibility to secure a replacement if that member is unable to work. Failure to work a shift or provide a replacement may result in the rescinding of that individual's membership.

**DUES:** Dues are payable quarterly, within 30 days of receipt of dues statement. Dues will be charged up to the date of receipt of a written letter of resignation. Failure to pay quarterly dues for two (2) billing periods in a row (6 months) may result in that membership being rescinded. All delinquent dues are subject to collection.

**MEMBERS WHOSE MEMBERSHIP HAS BEEN RESCINDED MAY APPLY IN WRITING TO THE BOARD OF DIRECTORS FOR RE-ADMISSION.**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsor

\_\_\_\_\_  
Date