

EXCHANGE MEMBERSHIP CERTIFICATION

_____ Exchange Club of Chambersburg PA / Club # _____

Club Officer's Signature _____ Title _____ Date _____

Type: New Member Reinstatement Change of Classification Transfer (From Club # _____)

Classification: Active Active Honorary At-Large Life Honorary Active Military Business Associate

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.

(Please Print)

Business Name _____ (if Business Membership)

First Name: _____ MI _____ Last: _____ (M or F) Nickname _____

Spouse (F/M.I./L) _____ Nickname _____

Address _____ City _____ State _____ Zip _____

Home Phone ____/____/____ Business ____/____/____ Cell ____/____/____ Fax ____/____/____

e-Mail _____ @ _____ Member Signature _____

Sponsor Signature _____ Sponsor's Club: Chambersburg