



Optimist
INTERNATIONAL
Brillion Optimist Club

New Member Application

YOUR NAME _____

HOME ADDRESS

_____ State/Province _____ ZIP/ Postal Code _____

Home Phone _____ Cell Phone _____ E-mail _____

BUSINESS ADDRESS

Company Name _____ Type of Business _____

_____ State/Province _____ ZIP/ Postal Code _____

Work Phone _____ E-mail _____

Business Postion or Title _____ May we contact you at work? ___ Yes ___ No

YOUR SIGNATURE INDICATES YOUR ACCEPTANCE OF THIS INVITATION _____

Signature _____ Date: _____

Sponsor _____

Individuals who have committed sexual offenses against children may be denied membership and/or have their membership revoked.

ABOUT YOU

Occupation _____

What projects, programs and fundraisers would you like the Club to consider?

Birthday and Anniversary:

Name _____ Date _____