

SPRING TRI CLUB  
MEMBERSHIP INFORMATION

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

SPOUSE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

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CHILDREN'S NAME(S)	AGE	SCHOOL/ORGANIZATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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OFFICE/POSITION ON BOARD: \_\_\_\_\_

COMMITTEE: \_\_\_\_\_

I would be interested in helping in the following areas:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dues paid: Individual \_\_\_\_\_ Family \_\_\_\_\_

Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Rcvd By: \_\_\_\_\_