

MEMBERSHIP APPLICATION

BUSINESS NAME _____

YEARS IN BUSINESS _____

ADDRESS _____

POSTAL CODE _____

BUSINESS PHONE _____

FAX _____

WEBSITE _____

EMAIL _____

BUSINESS OWNER _____

ADDRESS _____

POSTAL CODE _____

PHONE _____

EMAIL _____

BUSINESS REP. NAME _____

D.O.B. _____

EMAIL _____

SPOUSE'S NAME _____

D.O.B. _____

ANNIVERSARY DATE _____

HOME PHONE _____

BUSINESS ALTERNATE NAME _____

D.O.B. _____

EMAIL _____

SPOUSE'S NAME _____

D.O.B. _____

ANNIVERSARY DATE _____

HOME PHONE _____

70% OF MY BUSINESS WOULD BE _____

AND

% OF MY BUSINESS WOULD BE _____

BUSINESS OWNER SIGNATURE: _____

DATE: _____

As a new member to the **BREAKFAST CLUB OF REGINA INC.** "We will follow the Constitution of the **Breakfast Club of Regina Inc.** and maintain a minimum 67% attendance per year". The first six (6) months of fees are due once membership is approved (**NO REFUNDS**).

Member Sponsor Name _____

Member Signature _____

Application Date _____

As an active member of The Breakfast Club of Regina Inc., I will assist the new member to meet other members of the club and encourage him/her to maintain a minimum of 67% attendance for the first year of membership.

