



PO Box 234

Springfield, OR 97477

www.springfieldcityclub.org

MEMBERSHIP FORM 2016

New Membership: _____ Renewal: _____

Business Sponsorship \$250 annually (Covers 3 members)

Business Name: _____

1st Member Name: _____

Email Address: _____

2nd Member Name: _____

Email Address: _____

3rd Member Name: _____

Email Address: _____

Individual Membership \$75: _____

Student Membership \$25: _____

Name: _____

Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

CIRCLE ONE: (Work, Home, Cell)

Email Address:

Are you interested in joining the program committee or becoming a board member? _____

Where did you hear about us? _____
