



EXCHANGE

WEST FARGO EXCHANGE CLUB

MEMBERSHIP APPLICATION FORMS

West Fargo Exchange Club • PO Box 522 • West Fargo, ND 58078

The West Fargo Exchange Club offers both an individual and business membership. Application forms for both levels are attached. Please fill out and submit the applicable form.

The **Individual Membership** form is for a single membership. If the membership is to be associated with a business, please include that information and whether dues and fees should be invoiced to the member or the business. Individual Membership dues are \$50 per quarter.* Dues include admission for the member to the Club's Annual Fun Night fundraising event. Members may elect to pay their dues annually in advance (\$200) and receive an additional ticket to Fun Night (a \$50 value).

A **Business Membership** allows a firm to have up to three authorized representatives. All may participate in Club activities. Business Membership costs \$70 per quarter* and includes one Fun Night ticket. All billing will be sent to the business. There is no prepayment benefit for the Business Membership. Business Members may elect to pay their dues annually in advance (\$280) and receive an additional ticket to Fun Night (a \$50 value).

Members pay for the cost of their lunch at regular meetings. The Club will bill members who attend a special event for meal costs on their quarterly statement. The venue determines the cost of meals and services.

If a current member encouraged you to join, please indicate the member's name in the box on the bottom of the page (yes, its alright to fill in this spot in the Office Use Only section!).

You may mail in the completed application to the address above or submit it to a Club member.

Thank you!

**Rates as of January 1, 2025*



AMERICA'S SERVICE CLUB



EXCHANGE

WEST FARGO EXCHANGE CLUB

INDIVIDUAL MEMBERSHIP APPLICATION

West Fargo Exchange Club • PO Box 522 • West Fargo, ND 58078

Date ____ / ____ / ____

Applicant

Name _____

Address _____

City _____ State _____ Zip _____

E-Mail _____ Phone (____) _____

Optional Information - Used for Demographic and Reference Purposes Only (not required):

☐ Male ☐ Female Date of Birth ____ / ____ / ____ Spouse's Name _____

Employer

If you are representing a business, please provide their information. Business memberships are available for firms who would like more than one representative.

Name _____

Position _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

Billing

Send Invoices To - ☐ Home Address ☐ Business - Attention: _____

I hereby certify that I will actively participate in the Club's activities and abide by its rules, policies and regulations.

Signature _____ Date ____ / ____ / ____

Office Use Only

Sponsoring Member _____

Date Submitted to the National Exchange Club ____ / ____ / ____

Submitted by _____



AMERICA'S SERVICE CLUB



EXCHANGE

WEST FARGO EXCHANGE CLUB

BUSINESS MEMBERSHIP APPLICATION

West Fargo Exchange Club • PO Box 522 • West Fargo, ND 58078

Date ____ / ____ / ____

Business Name _____

Address _____

City _____ State _____ Zip _____

Business Type _____ Phone (____) _____

Business Representative #1:

Name _____ Job Title _____

Address _____

City _____ State _____ Zip _____

E-Mail _____ Phone (____) _____

Optional Information - Used for Demographic or Reference Purposes Only (not required):

☐ Male ☐ Female Date of Birth ____ / ____ / ____ Spouse's Name _____

Business Representative #2:

Name _____ Job Title _____

Address _____

City _____ State _____ Zip _____

E-Mail _____ Phone (____) _____

Optional Information - Used for Demographic or Reference Purposes Only (not required):

☐ Male ☐ Female Date of Birth ____ / ____ / ____ Spouse's Name _____

Business Representative #3:

Name _____ Job Title _____

Address _____

City _____ State _____ Zip _____

E-Mail _____ Phone (____) _____

Optional Information - Used for Demographic or Reference Purposes Only (not required):

☐ Male ☐ Female Date of Birth ____ / ____ / ____ Spouse's Name _____

Continued 

Business members are allowed up to three representatives who may all participate in all Club functions. It is the responsibility of the business to notify the West Fargo Exchange Club of changes in representation. All applications are subject to review and approval of the West Fargo and National Exchange Clubs.

I hereby certify that the business and its representatives will abide by all Club rules, policies and regulations.

Authorized Signature _____ **Date** ____/____/____

Office Use Only

Sponsoring Member _____

Date Submitted to the National Exchange Club ____/____/____

Submitted by _____



AMERICA’S SERVICE CLUB