



THE BREAKFAST EXCHANGE CLUB OF BILLINGS

P.O. Box 2224, Billings, Montana 59103-2224

Membership Application

Attention: Secretary

Name: _____ Nickname: _____

Employer: _____

Position/Title: _____

Business Address: _____

Phone Number at Work: _____

Will your employer be paying your dues? All None Partial

If yes, where should the club treasurer send such billing and to whose attention? _____

Home Address: _____

Home Phone: _____

Spouse's Name: _____

Number of Children and Ages: _____

Who invited you to the Breakfast Exchange Club? _____

Do you know other members of this club? _____

Are you currently in another service club? _____

What charities and non-profit organizations do you work with currently? _____

E-mail address: _____

Your signature: _____ Date: _____

Please return to member sponsor or mail to above address