

BREAKFAST EXCHANGE CLUB OF BILLINGS

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

Membership Application

Attention: Secretary

Name:	ne: Nickname:				
Birthdate:					
Position/Title:					
Business Address:					
Work Phone Number:					
Will your employer be paying	g your dues? 🗆 All	☐ None ☐ Part	ial		
If yes: Invoice mailing address	SS				
To the Attention of:					
Home Address:					
Home Phone Number:					
E-mail address:					
Spouse's Name:					
Number of Children and Age					
Who invited you to Breakfas					
Do you know other member					
Are you currently in another	service Club?				
Have you served in the Milita	ary? □ Yes □ No If ye	s, Branch			
What charities and non-profit organizations do you currently work with?					
	CERTIFIC			Applicants	
The undersi	gned applies for the Br	eakfast Exchange Clu	b of Billings.	Must Initial	
TRUE STATEMENTS: All statements made in this application are true and correct and will be used for					
the purpose of evaluating me	mbership eligibility.				
D CEDVING TRAINING I I		t. D.C.	and the state of the DEOLUBED		
R-SERVING TRAINING: I understand that taking and passing the R-Serving certification is REQUIRED before I may volunteer in the Club's fundraising events and MUST be completed within 60 days of					
approval of my membership by the BEC Board.					
approvar or my membersing b					
DUES: I understand the memb	pership dues for the Br	eakfast Exchange Clu	b are \$145 per quarter and		
due in a timely manner. Any n	nember who becomes	two quarters in arrea	rs is subject to		
termination.		da e le como de la la como			
METRA EVENTS: I understand Metra events per year.	members are required	d to be available to we	ork a minimum of three (3)		
ivietra events per year.					
SCHEDULING: I understand th	nat when I am schedul	ed to work an event, i	f something arises, it is my		
responsibility to find a replace	ement and notify the P	resident-Elect and Be	er Captain of the change.		
COMMITTEES: While particip	_	•			
members on committees only	goes to the greater of	rerail good of the club) .		
		SIGNATURE			
I fully understand that my me	mbership is subject to	termination for failing	g to meet above requirements	5.	
Applicant:			Date:		