



New Member Information Form

Please complete
all possible fields

FROM CLUB: <input type="text"/>	THIS MEMBER IS: (SELECT ONE)
DATE: <input type="text"/>	<input type="checkbox"/> CURRENT <input type="checkbox"/> NEW <input type="checkbox"/> REINSTATED <input type="checkbox"/> DELETED
INITIATION DATE FOR CERTIFICATE: <input type="text"/>	IF DELETED, WHY? <input type="text"/>

PERSONAL INFORMATION	BUSINESS INFORMATION
FIRST NAME: <input type="text"/>	BUSINESS NAME: <input type="text"/>
MIDDLE NAME: <input type="text"/>	POSITION: <input type="text"/>
LAST NAME: <input type="text"/>	WORK PHONE: <input type="text"/>
NICKNAME: <input type="text"/>	ADDRESS: <input type="text"/>
SPOUSE NAME: <input type="text"/>	CITY: <input type="text"/>
ADDRESS: <input type="text"/>	STATE/PROV: <input type="text"/>
CITY: <input type="text"/>	ZIP/POSTAL CODE: <input type="text"/>
STATE/PROV.: <input type="text"/>	COUNTRY: <input type="text"/>
ZIP/POSTAL CODE: <input type="text"/>	RETIRED?: <input type="text"/>

OTHER INFORMATION			
HOME PHONE: <input type="text"/>	CELL PHONE: <input type="text"/>	EMAIL: <input type="text"/>	SPOUSE EMAIL: <input type="text"/>
BIRTH DATE (MM/DD/YYYY) <input type="text"/>	OPTIONAL INFO	SPOUSE BIRTHDAY <input type="text"/>	ANNIVERSARY DATE <input type="text"/>
CLUBS, ORDERS, ORGANIZATIONS, FRATERNITIES, CIVIC POSITIONS:	<input type="text"/>		
COLLEGE & YEAR:	<input type="text"/>		
ADDITIONAL REMARKS:	<input type="text"/>		

SPONSORED BY:		
FIRST NAME: <input type="text"/>	LAST NAME: <input type="text"/>	CLUB: <input type="text"/>
SUBMITTED BY:		
NAME: <input type="text"/>	<input type="text"/>	

RESET	TO SEND FORM SIMPLY CLICK ON SUBMIT BUTTON OR SEND FORM AS EMAIL ATTACHMENT TO SHEILA@GYRO.ORG OR PRINT AND MAIL TO GYRO HEADQUARTERS	SUBMIT
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