



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"/>		RETIRIED?: <input type="text"/>	

*SPOUSE OR PARTNER

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"/>	<input type="text"/>	OPTIONAL INFO <input type="text"/>	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"/>
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SUBMITTED BY:

NAME: <input type="text"/>

TO SEND FORM SIMPLY CLICK ON SUBMIT BUTTON
OR SEND FORM AS EMAIL ATTACHMENT TO gloria@gyro.org
OR PRINT AND MAIL TO GYRO HEADQUARTERS

RESET

SUBMIT