

GAINESVILLE JAYCEES MEMBERSHIP APPLICATION

NAME: _____ SPOUSE'S NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ DOB: _____

(H) PHONE: _____ (C) PHONE: _____ E MAIL: _____

EMPLOYER: _____ POSITION: _____

PRIMARY TYPE OF BUSINESS: _____

WORK ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: _____ FAX: _____

PREFERRED MAILING ADDRESS: _____ HOME _____ WORK

HOW DO YOU WISH TO BE CONTACTED WITH INFORMATION CONCERNING CLUB FUNCTIONS OR OTHER

CLUB ACTIVITIES: _____ E MAIL _____ FAX _____ MAIL _____ PHONE

WHO IS RESPONSIBLE FOR PAYING YOUR DUES: _____ SELF _____ EMPLOYER

PREFERRED BILLING ADDRESS: _____ HOME _____ WORK

HOW WERE YOU FIRST INTRODUCED TO THE GAINESVILLE
JAYCEES: _____

PLEASE REVIEW THE DESCRIPTION OF THE COMMUNITY SERVICE PROJECTS LISTED IN THE
INFORMATIONAL BROCHURE AND RANK EACH PROJECT, IN ORDER OF PREFERENCE, WITH 1 BEING THE
HIGHEST PREFERENCE:

_____ MULE CAMP MARKET

_____ GUT CHECK PROGRAM

_____ 5K STOCKING SCURRY

_____ PUBLIC RELATIONS

_____ EMPTY STOCKING FUND

_____ CHARITY FISHING TOURNAMENT

_____ CHARITY BALL FUNDRAISER

_____ SOCIALS AND TEAM BUILDING.

_____ WORK PROJECTS

_____ YOUNG MAN OF THE YEAR BANQUET

PLEASE FAX YOUR COMPLETED APPLICATION
TO Jamie Smithson 770-534-2516

PLEASE CALL or email Jamie Smithson @
(770) 561-1866 or jdsmithson@gmail.com
IF YOU HAVE ANY QUESTIONS