



Frontiers International Springfield Club Application for Membership

Motto: Advancement Through Service
P.O. Box 3522
Springfield, Illinois 62708

Thank you for your willingness to accept our obligation to serve others. Please complete the information below. Thank you for your interest in our organization

Date _____

Name _____ Date of Birth ____/____/____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell No. _____ Work No. _____

Home Email _____ Preferred Email _____

Occupation _____ Employer _____

If married, Spouses Name _____ Date of Birth ____/____/____

Have you ever been a member of Frontiers? Yes _____ No _____ If yes, Where and When? _____

To what other organizations, churches, and clubs do you belong? _____

Please attach a narrative about yourself, why you want to join the organization, & how do you define service. We are interested in your community involvement.

What areas of the Frontiers Club would you like to participate in based on your past experience and desire?

Community Issues / Public Policy _____ Community Service Projects _____ Special Events _____

Marketing / Web Development _____ Inner-Club Affairs _____ Golf Committee _____

Membership & Recruitment _____ Fundraising _____ Youth Services _____

Other Projects _____ Mentoring _____ Scholarship _____

Specialty _____

Applicants Signature _____ Date _____

Signature of Sponsoring Current Members _____

National Dues [\$ _____] New Members Fee [\$ _____]

Membership Committee Approval Date _____

President's Signature _____ Secretary's Signature _____

Copy to National..... Copy to District Copy to Local Club's File

Please return this application to [local club name], referring member or Physical address of club