



As a member of Exchange Club of Richmond Hill



WWW.RHXC.ORG

We Want You

Application for Membership:

Full Name: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

Email Address: _____ Date of Birth: _____

Employment or Business: _____

Spouse's Name (If Married): _____

Hobbies or Special Interests: _____

Name of Sponsoring Member: _____

Applicants Signature / Date

Sponsors Signature / Date

Amount Due With Application:

Quarterly Dues: \$75.00

New Member Fee: \$15.00

Total Amount Due With Application: \$90.00

***The Exchange Club of Richmond Hill
P O Box 967
Richmond Hill, GA 31324***