WOMEN'S
SALES & AD CLUB OF BELLEVILLE

APPLICANTS NAME: _____

POSITION: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____ FAX: _____

EMAIL: _____

HOME ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____ FAX: _____

EMAIL: _____

BIRTHDAY: _____ (DAY/MONTH)

DELIVER BULLETIN TO: ☐ PERSONAL EMAIL ☐ BUSINESS EMAIL ☐ HOME

BUSINESS DESCRIPTION:

APPLICATION DATE: _____

AMOUNT PAID: _____ ☐ CHEQUE ☐ CASH

REMAINDER OWING: _____

DATE PAID IN FULL: _____

APPLICANT/MEMBERS SIGNATURE

APPROVAL DATE OF NEW APPLICANT