



Praeclarus Breakfast Club

Membership Form

To be filled out by New Member

Name _____ Phone _____

Spouse's Name _____

Home Address _____ City _____

Zip _____ E-mail _____

Company _____ Phone _____

Work Address _____ City _____

Zip _____ E-mail _____

Position or Title _____

Birthday: Mo. / Day /

Briefly describe the principal activities/responsibilities of your business or profession:

Your company's products or services _____

Memberships and/or offices held in civic, charitable, social or professional organizations:

Recent Awards or Professional accomplishments:

Interests or hobbies:

Sponsoring member(s)

NOTE: With my signature, I hereby authorize all information on this application to be confirmed.

Signature _____ Date _____

** If possible, please attach a recent copy of your resume.*