



FRONTIER'S INTERNATIONAL

Mohawk Valley Frontiers Service Club

Application for Membership

Motto: Advancement Through Service

P. O. Box 712
Utica, New York 13503

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 _____ Birth Month and Day _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Mobile: Phone _____ Work: Phone _____

Home Email Address _____ Preferred Email Address _____

Occupation _____ Employer _____

If married, Spouse's Name _____ Birth Month and Day _____

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

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 _____ Intra-Club Affairs _____

Membership & Recruitment _____ Fundraising _____

Finance and Fundraising _____ Youth Services: _____

Other Projects: _____ (Mentoring, Scholarships) _____ **Specialty** _____

Applicant's Signature _____ Date _____

Signature of Sponsoring Current Members:

_____ **Fees: Discussed @ regular monthly meeting**

Membership Committee Approval Date _____

President's Signature _____ Secretary's Signature _____

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

Please return this application to (local club name), referring member or Physical address of club