

Membership Application Form

First Name: _____ Last Name: _____

Today's Date: ____/____/____ Phone: (____) _____

Email: _____ Mobile/Cell: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Briefly describe the products and /or services you want to be offered by your business.

Business Name Ideas: _____

Please list the 2 most important benefits you would like to gain from joining EYEclub:

1. _____

2. _____

My signature below indicates my support of the vision, and commitment to participate 100% in the program.

Signed: _____ Age/School Attending: _____

Join us now... or work for us later

202 W. Main Street * Emmett, ID 83617 * (208) 867-0790

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