



Twin Falls Optimist Club Membership Application

Name _____ Date of Birth _____
First and Last name Month Day

Spouse's name _____
If applicable

Were you ever a Junior Optimist Member? ___ Yes ___ No
Are you currently a full-time college student? ___ Yes ___ No

HOME ADDRESS _____

Street _____ City State _____ Postal Code _____

Home Phone _____ Cell Phone _____ E-mail _____

Company Name _____ Type of Business _____

BUSINESS ADDRESS _____ City State _____ Zip Code _____

Work Phone _____ E-mail _____

Business Position or Title _____ May we contact you at work? ___ Yes ___ No

YOUR SIGNATURE INDICATES YOUR ACCEPTANCE OF THIS INVITATION

Signature Date: _____

Sponsor Optimist Club of Twin Falls

Date approved by committee By Board of Directors _____

Individuals who have committed sexual offenses against children may be denied membership and/or have their membership revoked.

Please complete and give to your local Optimist Club and/or your Club Sponsor