



ROGUE RIVER VALLEY UNIVERSITY CLUB

PO Box 616, Medford OR 97501

Business Membership Application

Section 1: To be completed by the Business Member Applicant

Business Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if Different): _____

City: _____ State: _____ Zip: _____

Website: _____

Name of Voting Designee: _____

Colleges/Universities Attended: _____ Years: _____

_____ Years: _____

Phone: _____

Voting Designee's Email: _____

Names of Non-voting Representatives (additional representatives may be available upon written request and approval by the Club Board):

(1) Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Colleges/Universities Attended: _____ Years: _____

_____ Years: _____

(2) Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Colleges/Universities Attended: _____ Years: _____

_____ Years: _____

(3) Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Colleges/Universities Attended: _____ Years: _____

_____ Years: _____

(4) Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Colleges/Universities Attended: _____ Years: _____

_____ Years: _____

(5) Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Colleges/Universities Attended: _____ Years: _____

_____ Years: _____

Section 2: To be completed by the 2 Club Members/Sponsors

Club member sponsors:

(1): _____

Signature

(2): _____

Signature

Print Name: _____

Print Name: _____



Sponsors are to submit the completed application to a member of the Board of Trustees for the full Board's review and approval.

*Application for membership shall be posted at the University Club for 2 weeks on set forth in the bylaws.
Members wishing to make any comment regarding the above applicant shall communicate with a member of the Membership Committee or a member of the Board of Trustees prior to the expiration of the 2 week review period.*

For Club Use Only:

Date Received: _____

Date Posted at Club: _____

Date Approved: _____

Signature of President: _____

