

# OXFORD EXCHANGE

*Commerce Club*

## INDIVIDUAL MEMBERSHIP APPLICATION

*Hours: 7:30am – 5pm, Monday – Friday and 9am – 5pm, Saturday*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Company \_\_\_\_\_ Industry \_\_\_\_\_ Job Title \_\_\_\_\_

Estimated Usage Times (Days per week, hours per visit) \_\_\_\_\_

\_\_\_\_\_

How do you intend on using the Commerce Club? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anything else you would like us to know \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please list two references:*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

*For Office Use Only:*

Submitted \_\_\_\_\_ Approved \_\_\_\_\_ Activated \_\_\_\_\_

**MEMBER #** \_\_\_\_\_