



**THE TOWN CLUB OF JAMESTOWN**  
**210 PINE STREET P.O. BOX 664**  
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(716) 483-3656 fax  
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<http://www.townclub210.com>

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**MEMBERSHIP UPDATE FORM**

**MEMBER INFORMATION:**

Full Name: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's e-mail: \_\_\_\_\_

Spouse Date of Birth: \_\_\_\_\_ Anniversary: \_\_\_\_\_

Bill to Address: \_\_\_\_\_ Home \_\_\_\_\_ Office \_\_\_\_\_ # of Membership Cards needed: \_\_\_\_

Newsletter Address: \_\_\_\_\_ E-mail \_\_\_\_\_ Home \_\_\_\_\_ Office \_\_\_\_\_

**BUSINESS INFORMATION:**

Company: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Position: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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*Office Use Only*

Info entered: \_\_\_\_\_ QB \_\_\_\_\_ GM \_\_\_\_\_ CC \_\_\_\_\_

Date entered: \_\_\_\_\_