



The Club that Fights Diabetes

Cosmopolitan International

Membership Application

Mail or fax this form to:
Cosmopolitan International
P.O. Box 524
Boystown, NE 68010

Club Name _____
Name _____ Date of Birth _____
Address _____
City _____ State/Province _____ Zip/Postal Code _____
Home Phone _____ Business Phone _____
Fax _____ E-mail _____
Occupation _____ Company Name _____
Spouse _____
Recommended for membership by _____

Name as shown on badge _____

Do not remit a check to Headquarters with this application. Membership fees, and insurance will be billed to club treasurers. Name Badge can be ordered by the club from the CI Website Store.

For Headquarters use only

Date Rec'd _____

Member ID _____ Fed/Club _____

New Re-instated Transfer Badge

Sponsor Pin Ship Date _____ Postage _____