

MEMBERSHIP APPLICATION



LOS VAQUEROS

GOOD GUYS • GREAT TIMES • GREATER CAUSES

Improving Las Vegas One Child, One Family At A Time

Name (print): _____

Email Address: _____

Primary Phone: _____

Business Name: _____

Type of Business: _____

Title: _____ Main Responsibilities _____

Mailing Address: _____

Birth Month & Day _____ Married ___ Single ___ Military Service _____ Branch _____

College _____ Major _____ How long have you lived in Las Vegas? _____

How did you hear about Los Vaqueros? _____

Current non-profits/charities involved with? _____

Interests/Hobbies _____

Team Assignment: (Circle One): Community Giving, Marketing/Public Relations, or Social Activities & Speakers.

I hereby apply for Los Vaqueros membership.

I will make it a priority to attend Los Vaqueros monthly dinner meetings, volunteer activities and charity fundraisers as a condition of membership.

I am aware that the Los Vaqueros Board of Directors must approve my application for membership before it becomes effective.

I consent that my information may be shared with other members of Los Vaqueros and support personnel – Los Vaqueros will not use this information for commercial purposes.

I confirm that I have never been convicted of a felony.

PROSPECTIVE MEMBER'S SIGNATURE _____ DATE _____

SPONSOR'S SIGNATURE _____ DATE _____

MEMBERSHIP COMMITTEE ACTIONS:

APPLICATION RECEIVED BY: _____ DATE _____

DATES OF THE TWO (2) DINNER MEETINGS ATTENDED _____ & _____

DATE OF MEETING WITH MEMBERSHIP COMMITTEE: _____

MEMBERSHIP CHAIRMAN'S SIGNATURE _____ DATE _____

PRESIDENT'S NAME AND SIGNATURE _____ DATE _____

APPROVED _____ DENIED _____

Membership Chairman: Steven "Slip" Rueben – Mobile 702-419-6460 – Srueben@TFSGolf.com

Administrative Contact: Marilee Greene - Mobile 702-635-7564 – Skidgreene@msn.com

702-363-4653 Membership Fax - www.losvaqueroslv.org