SOUTHSIDE BUSINESS MEN'S CLUB

Business Men and Women Committed to helping the Southside and Duval County since 1932

PLEASE COMPLETE FULLY (Print or type) Name of Applicant			E-Mail								
						City	State	Zip	City	State	Zip
						Type of Business			Residence Phone		
						Business Phone			Spouse's First Name		
Fax	Cell		_ Mail to: Residence (Business ()								
	th Jacksonville? Yes or membership the Southside Business N	Men's Club certifying the	nat I am a business person ac	etively engaged in busine							
Specify type of membership Individual Fee Plus One-time Initiation Fee Signature of Applicant PLEASE MAKE ALL CHECKS PA MAIL TO: P. O. BOX 5053, JAC	\$ 225 \$ 50 \$ 275 AYABLE TO: SOUTHSIDE EKSONVILLE, FL 32247-	-5053 • For further inf	\$375 LUB formation: CALL (904)834-56	S95	CH BUSINESS ARD HERE						
Please indicate below how	v you want your nan	ne and company	listed on member badg	le							
Date Board Approved:	Orientation:	Induction:	_Primary:	Alter	nate:						
DISTRIBUTIO	N:Membership Ch	nair;Executiv	e Secretary;Treasu	rer/ Accountant;	Sgt-at-Arms;						
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