

Manhattan Breakfast Optimist Club **Member Invitation**

Please type or print clearly

Name:	
	Ol Member? □ Yes □ No full-time college student? □ Yes □ No
HOME ADDRESS	
Street:	
	State/Province: Zip/Postal Code:
Home Phone:	Fax:: E-mail :
BUSINESS ADDRESS	
Firm Name:	
Type of Business:	
Street:	
	State/Province:Zip/Postal Code:
Business hone:	E-mail :
Fax:	Business Position or Title:
May we contact you a	work? Yes No
YOUR SIGNATURE	INDICATES YOUR ACCEPTANCE OF THIS INVITATION.
Signature:	Date:
Optimist Club: :	
Dates approved by com Individuals who have comm membership revoked.	nittee:by Board of Directors: tted sexual offenses against children may be denied membership and/or have th

Please complete and return to: Manhattan Breakfast Optimist Club P.O. Box 623 Manhattan KS 66505-0623