



Buffalo Launch Club

503 East River Road Grand Island, NY 14072 (716) 773-7629

Membership Nomination Form

Nominating for which type of membership ___ Active ___ Business ___ Active Intermediate ___ Junior

NAME _____ SPOUSE _____

Date of Birth _____ Social Security Number _____

Residence Address _____

City _____ State _____ Zip Code _____

Occupation _____ Years at present employment _____

Business Name _____ Business Phone _____

Business Address _____ City _____ State _____ ZIP _____

Contact Numbers: Home _____ Cell _____ Business _____

Fax _____ E-mail address _____ Other _____

I have been or I am presently a member of the following clubs or organizations (indicate past or present offices held and length of membership):

Club or Organization	Member		Offices Held
	From	To	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please briefly describe how you heard of, or became aware of the Buffalo Launch Club and explain why you desire membership in the Buffalo Launch Club _____

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Membership proposed by _____ Date _____

Signature of Buffalo Launch Club member

Print Name _____

Membership seconded by _____ Date _____

Signature of Buffalo Launch Club member

Print Name _____

Character References (list at least three, Buffalo Launch Club members if possible).

Name	Address	Phone	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

I fully understand that submission of this nomination form does NOT guarantee membership at the Buffalo Launch Club. Further, I agree to accept the decision of the Buffalo Launch Club and to hold harmless the Buffalo Launch Club, its agent(s), and its representative(s).

I hereby authorize the Buffalo Launch Club to obtain credit bureau reports as per the rules and guidelines of the Fair Credit Reporting Act.

I hereby authorize the Buffalo Launch Club to perform a public record search as a source of information about me.

I agree NOT to request or to demand disclosure of any information gathered by the Buffalo Launch Club in its evaluation of my nomination for membership.

I understand that the date of nomination is the day the nomination form is submitted to the business office of the Buffalo Launch Club

I further understand that if my nomination is accepted, I will be provided an "Application for Membership Form" and will comply with all the requirements set forth therein so as to be further considered for membership in the Buffalo Launch Club.

AGREED _____ DATE _____

Signature of Nominee

Date received by the business office of the Buffalo Launch Club. _____

Received by _____

Print and sign name