

**WEST VALLEY STEM CLUB
NEW MEMBER INFORMATION FORM**

Enter first and last name and only info you would like to have on membership records

First Name: _____ **MI:** _____ **Last Name:** _____

Name Tag: _____ **Spouse's Name:** _____

Address: _____ **City:** _____ **Zip:** _____

Telephone: _____ **Email:** _____

Date: _____ **Member Number:** _____

Optional information (not required)

STEM Degree: _____ **School:** _____

Last Employer: _____ **Position:** _____

Mail/Email Application to:

Phil Main, Membership

maintwin3@gmail.com

17604 N Buntline Drive

Sun City West, AZ 85375-5148