

**VIP Club – Solano County
Membership Application**

Name_____

Name of Company_____

Address_____

City_____ Zip_____

Telephone_____ Fax_____

Email_____ Website_____

Type of Business_____

Your Position_____ Length of Time Held_____

How long have you lived or worked in Solano County?_____

What other groups or affiliations do you belong to?_____

Can you attend weekly meetings regularly? Yes/No if no, can you send someone in your place? Yes/No

I have read and fully understand the VIP Bylaws and Guidelines.

_____ Date_____

Signature

Mail Application to:

Solano VIPS
C/O Bookkeeping & More
144 Dream Street
Vacaville, CA 95687

Contact for Information: Teri Johnson 707-452-0618

Email us at: Info@solanovips.org or visit our website at: www.solanovips.org