

**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](mailto:maintwin3@gmail.com)

**17604 N Buntline Drive**

**Sun City West, AZ 85375-5148**