

SOUTH OF 45 BREAKFAST CLUB

A GLASSMAN FOUNDATION EVENT

MISSION STATEMENT.....The South of 45 Breakfast Club will provide a forum for community involvement and political awareness with the goal of setting a standard of cooperation between Tucson's young business leaders to benefit the community and agencies dedicated to serving children.

STRUCTURE.....The South of 45 Breakfast Club will meet the second Friday of each month from 7:00 am - 8:00 am at The Old Pueblo Grill beginning September 12, 2003. In addition to members, each meeting will include a member of the Pima County Board of Supervisors, Tucson Unified School District Governing Board, Tucson City Council, Arizona State House of Representatives and the Arizona State Senate.

MEMBERSHIP.....Membership will be limited to individuals under the age of 45 as of September 1st of each year. Members turning 45 during their 12-month term, may continue to attend meetings throughout the term.

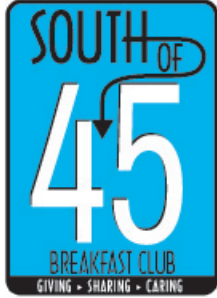
DUES.....\$360/ year (\$180 tax deductible)

GUESTS.....Guests within the membership age requirement may attend meetings for \$20 with a maximum of two visits. Spouses within the membership age may attend meetings at will for \$20.

NON-PROFIT AGENCIES.....Each month a non-profit agency serving children will educate the group on their programs and receive a donation of \$500 from the club. Members will be invited to recommend agencies.

MEETINGS.....To ensure diversity, seating will be assigned randomly.

- 7:00 - 7:30 Breakfast
- 7:30 - 7:40 Non-Profit Presentation
- 7:40 - 8:00 Community Officials Update



MEMBERSHIP APPLICATION SOUTH OF 45 BREAKFAST CLUB

Name _____
First Middle Last

Home Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ E-mail Address _____

Person recruited by _____

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____

E-mail Address _____

Occupation and Title _____

.....
Spouse's Name _____
First Middle Last

Spouse's Business Name _____

Spouse's Business Address _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____

E-mail Address _____

Occupation and Title _____

Your Birthdate _____ Spouse's Birthdate _____

Child's Name/Age _____ Child's Birthdate _____

Child's Name/Age _____ Child's Birthdate _____

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Payment: \$360 per year

Credit Card Visa Mastercard Exp. Date _____

Credit Card # _____

Signature for Credit Card _____

Check Check # _____ Please mail check to 4644 E. Ft. Lowell Drive, Tucson Az, 85712