



International
Torch Clubs

Columbus Torch Club Membership Application

Date: _____

Name: _____

Name of Torch Member who referred you: (if applicable) _____

Have you attended a Torch meeting in the past? Yes No

Profession/Present Occupation: _____

Your Contact Information

Home Address:

Office Address:

Phone Numbers:

Mobile:

Home:

Work:

Email Address(es):

Tell Us About Yourself

Educational background/degrees/designations:

Brief Biography:

Awards, honors, publications, etc:

I would be willing to give a Torch paper on the following subject(s):

THANK YOU

Please send the application and the \$50 application fee to:



The Torch Club of Columbus, Ohio
c/o David Lenz, Treasurer
1926 Lake Shore Drive
Columbus, OH 43204-4965



If you have any questions, please contact us at info@columbustorch.edu