

Stafford Rotary Club New Member Application

Complete and Return to Membership Chair Laura Watts: lwatts@stonesoffice.com
Or For Questions - Contact

President Leigh Ann Poland: <u>staffordrotary7610@gmail.com</u>; w: 336-709-0664 - or -

Membership Chair Laura Watts: lwatts@stonesoffice.com; w: 800-228-0997

Title:	_ Full Name:	Name you go by:
		Work Information
Company:		
Address:		
City, State	, ZIP:	
Position:		
Classificati	ion (what do you do	0)
		Home Information
Address:		
City, State	, ZIP:	
		Communications Information
Work Phone:		Cell Phone:
Home Phone:		Birthday:
Pre	eferred Email:	
Where de	o you prefer to g	net correspondence? Work: Home:
Other (if	applicable)	
Spouse Na	ıme:	Children Name(s):
Spouse Birthday:		Anniversary:
College/Ur	niversity:	
Past mer	mber of Rotary?	If so, which club?
Date(s):		Rotary Member Number:
Signature of Applicant:		Date:

Signature of Sponsor:	_ Date:
	2