

Port Angeles Rotary Club

Membership Proposal Form

Part A (to be completed by proposer and or potential member and returned to the club secretary)

Date: I propose:	
	(Leave blank if potential member is completing form)
Title: Mr., Ms., Mrs., Dr. Other	Suffix: (Sr., Jr., III)
Last name:	First Name: Middle
Current (or former) firm and position:	
Telephone: (H):(W	/): Cell:
Home Address:	
Business Address:	
Preferred e-mail address:	☐Residence ☐Business
Birth date: Anniv	ersary: Spouse's name:
Membership type (check one): □Activ	e 🗆 Honorary
If active, proposed classification:	
If a transferring or former Rotarian, lis	t previous club information: Member ID # if known:
Club Name:	Dates:Club ID# if known:
Club Name:	Dates:Club ID# if known:
	(From To)
Recent transfer (one year or less): ☐ Yes ☐ No	
If an RI program participant or Foundation alumnus/a, list program(s) and date(s):	
Activities that would enhance conside	ration as a Rotarian:
Proposer's Signature:	Date:
To be completed by Club Officer:	
Classification:	
Mentor assigned to assist with orienta	tion:
(Return form to your sponsor or Club S	ecretary - Jody Moss 457-3011, or jody@unitedwayclallam.org)