

ROTARY CLUB OF BERKELEY
P. O. Box 11706 – Berkeley, CA 94712
Phone (510 649-1089 Fax 510) 848-6819 Email: Mary.Rathbun@SBCGlobal.Net

Membership Application

Nickname: _____ Partner's Name: _____

Full Name: _____ Your Birthplace: _____

Firm Name: _____ Your Birth date: _____

Position in Firm: _____ Spouse's Birth date: _____

Business Address: _____ Wedding Anniversary: _____

Business City, State, Zip: _____

Business Phone: _____ Business Cell: _____

Business Fax _____

Business E-mail: _____

Home Address: _____

Home City, State, Zip: _____

Home Phone _____ Home Cell: _____

Home Fax: _____

Home Email: _____

Address Preference: Business Home

Previous Service Club Membership - Club Name: _____

Location: _____ Period of Membership: _____

Offices Held: _____

Additional Info: _____

Participating Sports: _____

Hobbies / Special Interests: _____

Languages: _____

I understand that membership in the Rotary Club of Berkeley is by invitation only. I give my authorization to publish my name in the membership, and if I am accepted for membership I agree to abide by the Constitution and Bylaws of the Berkeley Rotary Club.

Signed: _____ Date: _____