



Rotary Club of Tulsa Sunrise

CANDIDATE FOR MEMBERSHIP – PERSONAL INFORMATION

Name _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____

Cell Phone _____ FAX _____

Date of Birth _____ E-mail _____

Spouse Name _____

Years in Tulsa _____

Previous Rotary memberships _____ When/Where _____

Other service club memberships: _____

Name of Business/Company/Organization _____

Major function of business _____

Business Address: _____

Position Held _____ Years Employed _____

**Membership Type Requested: Standard ___ Young Professional ___ Service ___ Family ___ Corporate ___ (Check one)*

PROPOSER INFORMATION

Name _____

Home Phone _____ Work Phone _____ Cell _____

E-mail _____

Proposed classification for candidate _____

Proposer Signature: _____ Date _____

I verify the above information and give permission for my name to be published to the club.

CANDIDATE SIGNATURE: _____ **Date** _____

**Service Membership requires a minimum of 12 meetings/year and 24 hours of service/year.*