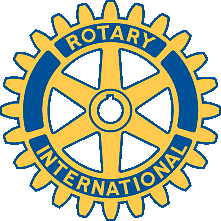
**ROTARY CLUB OF GALESBURG**



**MEMBERSHIP PROPOSAL FORM**

**I Propose:**

**Name:**

**Date of Birth (Month/Day):**

**Residence Address/Zip:**

**Cell Phone #/ Carrier:**

**Personal Email:**

**If former Rotarian, list club(s) & date(s)**

**Name of Business/Employer:**

**Business Address/Zip:**

**Business Phone:**

**Work Email:**

**Position/title:**

**What community activities are you involved in?**

**Activities that would enhance your consideration as a Rotarian:**

**Date:\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_ Sponsor Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sponsor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**