

Tuscaloosa Morning Rotary Club 2024-2025 New Member Application

Name:	Date of Birth:
Home Address:	
Business Address:	
Phone: (H) (C)	(W)
Preferred Phone: (circle one) HOME CELL WORK	
Email Personal:	
Email Work:	
Preferred Email: (circle one) PERSONAL WORK	
Where should mail and email be sent? Home/Personal or Work	
Preferred Billing Address: Home/Personal or Work	
Your Exact Title and Name of Firm (as you want it published):	
Spouse's Name & Anniversary (if applicable):	
PRESENT EMPLOYMENT:	
Firm:	
Title:Le	ength of Employment:
Brief Job Description:	

ORGANIZATION AND ACTIVITIES:

List community, professional, civic, religious, and other organizations you are or have been affiliated with and offices held. Please limit the list to the ten most important to you.

Briefly describe your concept of Rotary International.

What do you hope to gain from your Tuscaloosa Morning Rotary Club involvement?

Can you attend most of the weekly Tuscaloosa Morning Rotary Club Meetings? _____YES _____NO

Do you have the full support of your employer for the time required to participate effectively as a member of The Tuscaloosa Morning Rotary Club? _____YES _____NO

Other Comments:

Please complete and return this application to the member who has recommended you for membership.

Signature of Applicant

Date