

MEMBERSHIP APPLICATION

NAME:		
HOME ADDRESS:		
PREFERRED EMAIL ADDRES	S:	
HOME PHONE:	MOBILE (CELL) PHONE:	(Circle Primary)
NAME OF BUSINESS:		
BUSINESS ADDRESS:		
TITLE:	CLASSIFICATION:	
BUSINESS PHONE:	FAX:	
May	we contact you at these numbers? YES or Ne	0
BIRTHDAY (MONTH/DAY):		
SPOUSE NAME:	WEDDING ANNIVERSARY (MO	NTH/DAY):
FORMER ROTARIAN?: YES:	NO: IF YES, THEN MEMB	ER ID:
CLUB NAME/NO:	DATES:	
LANGUAGES SPOKEN BESID	ES ENGLISH:	
	WOULD MAKE YOU A GREAT ROTARIAN:	
SPONSORING ROTARIAN:		
and activities and to abide by th	uty, if elected, to exemplify the Objects of Rota e constitutional documents of Rotary Internation e established club dues timely and in accordance	onal and the club to which I
SIGNATURE:	DATE:	