

Sanibel-Captiva Rotary Club New Member Application

Name _____
Title (Mr., Ms., Dr., Etc.) First Middle Last

Spouse _____
Title (Mr., Ms., Dr., Etc.) First Middle Last

Home Address _____
Number Street City State Zip Code

Mailing Address _____
(If Different) Number Street City State Zip Code

Occupation _____ Position _____

Business Name _____

Business Address _____
Number Street City State Zip Code

Home Phone _____ Seasonal Phone _____

Business Phone _____ Cell Phone _____

Email Address _____

Birthday _____ Anniversary _____
Month Day Year Month Day Year

Hobbies/Interests _____

Previous Rotary Experience (Place, Dates & Rotary Member #) _____

Are you, or have you been, a member of another service organization? (List organization(s) & dates)

Classification _____ Sponsor _____

Signature _____ Date _____