

MOORESVILLE LAKE NORMAN ROTARY CLUB

ROTARY MEMBERSHIP APPLICATION

Potential members are asked to complete the following information. Starred items (*) are required.

After completing this form, please mail it to address below. A copy of this application will be emailed to you.

Member:	Title:	
	*First Name:	
	MI:	
	*Last Name:	
	Suffix:	
	Nickname:	
	*Birthdate:	
	*Gender:	
	*Email:	
	Home Phone:	
	*Cell Phone:	
Sponsor(s):	*Sponsor 1:	
	*Sponsor 2:	
	Please check t	ne box below next to your preferred mailing address.
Home Address	Address 1:	
	Address 2:	
	Address 3:	
	City:	
	State:	
	County:	
	Postal Code:	
Business Address:	Company:	
	Position:	
	Website:	
	Office Phone:	
	Address 1:	
	Address 2:	
	Address 3:	
	City:	
	State:	
	County:	
	Postal Code:	

Family/ Spouse/Partner:	First Name: MI Last Name: Suffix: Nickname: Date of Birth:			(mm/dd/yyyy)						
	Married: Anniversary:	Yes	No	(mm/dd/yyyy)						
	Is Spouse/Part	tner a Rotarian?:	Yes	No						
Previous	Rotary ID Num	nber:		Т			T	T		
Rotary						State				
Clubs:	Club #	Club Name	Club Name		City		Date Joined	Date Resigned		
	Previous Club Email									
	Club #	Club Name		City		State	Date Joined	Date Resigned		
	Previous Club	Email								
Club Participation / A	chievements: ie.	e., offices held in	n club and whi	ch year.						
Bio / Description: i.e.,	personal and pr	rofessional back	around							
Degrees:										
Hobbies & Interests: i.e., golf, fishing and hunting										

Mail Application to: Mooresville Lake Norman Rotary Group

P.O. Box 1645

Mooresville, NC 28115