

Rotary

Club of Rock Hill, SC



MEMBERSHIP APPLICATION | PROPOSAL FORM

Prospective Member's Name: _____

Birthdate (format: MM/DD/YYYY): ____ / ____ / ____

Spouse's Name: _____

Spouse's Birthday: ____ / ____ Anniversary Date: ____ / ____

Home Address: _____

City: _____ State: _____ ZipCode: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____ Fax: _____

E-mail: _____ Alternate E-mail: _____

Occupation: _____

Business Employer: _____

Business Address: _____

City: _____ State: _____ ZipCode: _____

Application for: ACTIVE MEMBERSHIP HONORARY MEMBERSHIP

Previous Rotary Club(s) {Includes Name, Location, Dates}: Rotary ID Number: _____

I hereby certify I am qualified for membership in the Rotary Club of Rock Hill by my current and/or former position.

Signature: _____ Date: _____

Member proposing prospective member: _____

Record of Action as to Proposed Member (to be filled by Secretary):

Application received by Secretary: _____

Submitted to Board: _____

Board Decision: _____ Approved: Not Approved:

Vote by membership: _____ Approved: Not Approved:

Classification : _____