

MEMBERSHIP PROPOSAL FORM

NAME:					
First	Middle Initial	Last		N	lickname
CLASSIFICATION					
HOME ADDRESS					
BUSINESS NAME		YOUR PO	SITION		
ADDRESS				-	
EMAIL ADDRESS Home_		_ Busine	SS		
SEND MAIL TO HOME EMAIL TO HOME					
PHONE (HOME)	(CELL)		(OFFICE))	
DATE OF BIRTH MONTH	DAY YEAR				
SPOUSE'S NAME	ANNIVER	RSARY D	ATE		
			MO	DAY	YEAR
FORMER MEMBER OF THE	E FOLLOWING ROTAR	Y CLUBS	Month/Da	ny/Year	
	FR	OM:		ТО:	
	FR	OM:		ГО:	
PROPOSED MEMBER SIGN	ATURE				
PROPOSER'S SIGNATURE					

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