

Rotary Club of Clover Park

Membership Proposal Form

Name	
Business Address	
Phone	Fax Cell
E-Mail	
Home Address	
Home Phone	
(Active Membership
If	Former Rotarian, please complete the following:
Club Name(s)	
Dates of Members	hip
Proposed Classific	ation
(If retired, provide former information)	
Firm Name	
Executive Position	
Activities that would enhance consideration as a Rotarian	
<u> </u>	
Date	Proposer's Signature