



NEW MEMBER APPLICATION FORM

TODAY'S DATE	
FIRST NAME	
LAST NAME	
BUSINESS NAME	
CURRENT POSITION	
BEST PHONE NUMBER	
EMAIL ADDRESS OF APPLICANT	
SPONSOR'S NAME (PRINTED)	
SPONSOR'S SIGNATURE	

*****FOR ADMINISTRATION ONLY. DO NOT COMPLETE*****

Admission Date (administrative only)	
Classification (administrative only)	
Date of Satisfactory Meeting with Orientation Committee	
ADDRESS (LINE 1)	
ADDRESS (LINE 2)	
CITY	
ZIP CODE	
HOME PHONE	
MOBILE PHONE	
BUSINESS ADDRESS	
BUSINESS PHONE	
BUSINESS FAX	
PREFERRED EMAIL ADDRESS	<input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME _____
PREFERRED ADDRESS FOR MAILINGS	(check one) <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS
TRANSFER? /NAME OF FORMER CLUB(S)	
IF TRANSFER, RI ID #	

Special Interests or Hobbies that would help us match a mentor with applicant:

***ATTENTION SPONSORS** -After you have completed this form in its entirety, other than the shaded lines, please choose one of the following options for submission:

- 1) At a meeting, give to the Membership Coordinator (Brian Chace) or the Club President (see logbook for current Club President)
- 2) Scan and email form to the Membership Coordinator (brianc@wilcoxandflegel.com)
- 3) Mail completed form to **Rotary Club of Longview, WA, P.O. Box 1105, Longview, WA 98632**