

SOLDOTNA ROTARY APPLICATION FORM



APPLICANTS FULL NAME: _____

PREFERRED MAILING ADDRESS FOR ROTARIAN AND OTHER NOTICES:

Street Address/P.O. Box _____

City: _____ State: Alaska Zip Code: _____

BUSINESS/EMPLOYER NAME: _____

POSITION TITLE OR DESCRIPTION: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBERS:

Work: _____ Home: _____ Cell: _____

PRIOR ROTARY CLUB: _____ RI# _____

PROPOSED CLASSIFICATION: _____

SPONSOR OF APPLICANT: _____

ADDITIONAL INFORMATION: [Vocational or personal background information; why you would like to be a Rotarian; or any other information you feel the Club should consider. Use additional paper if necessary.]

I hereby certify that if accepted to Membership in the Soldotna Rotary Club that I will exemplify the Object of Rotary in all my daily contacts and will abide by the constitution of Rotary International and the constitution and bylaws of the Soldotna Rotary Club.

Signature: _____ Date: _____