



# Rotary Club of Medicine Hat



## PROPOSAL FOR MEMBERSHIP

*(This is a proposal for membership, not an application for membership. Once the proposed person is adequately vetted, the proposer will be notified. The proposer will offer membership to the applicant who will submit an Application for Membership along with a cheque.)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Occupation/Business: \_\_\_\_\_ DOB: \_\_\_\_\_

Occupation/Business Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Partner's name: \_\_\_\_\_

Membership Proposed: ( ) Active Membership Classification\*: \_\_\_\_\_  
( ) Honorary

\* If retired, provide name and former firm and position: \_\_\_\_\_

Former Rotarian: ( ) No ( ) Yes - List Club(s) and Date(s): \_\_\_\_\_

Please use the space below to add any information that may be helpful in evaluating the proposed member's suitability.

Proposer: \_\_\_\_\_ Date: \_\_\_\_\_

2016-07-26, JH