

NEW MEMBER ROSTER INFORMATION

Name: Last _____, First _____

Job Title/Industry: _____ Sponsor: _____

Business Address:

Name: _____

Street: _____

City/Zip: _____

Phone: _____

Fax: _____

Residence Address:

Street: _____

City/Zip: _____

Phone: _____

Birthday: (Month/Day/Year) _____ (Please note: Year will not be printed in Roster.
Used for office records only.)

Spouse:

Name: _____ Birthday: (Mth/Day/Year) _____

E-mail Address: _____

Club Website: Preference for User ID _____

Password _____

Please send the Rotarian Magazine and Quarterly Billing to

____ Business Address ____ Residence Address

Membership in other Rotary Clubs:

Location: _____ Dates of Membership: _____

Please turn in this form to the Club Secretary or mail to: Rotary Club of Spokane
North, Attention: Club Secretary, P.O. Box 9190, Spokane, WA 99209-9190

**NEW MEMBER INFORMATION
for
ROTARY BULLETIN**

NAME _____ **DATE** _____

JOB TITLE/INDUSTRY _____

FAMILY _____

EDUCATION _____

EMPLOYMENT _____

HOBBIES/INTERESTS _____

WANTED TO JOIN ROTARY NORTH BECAUSE

**PLEASE TURN IN TO THE CLUB SECRETARY PRIOR TO YOUR MEMBERSHIP
INDUCTION.**