

**PO BOX 1134, St Albans, VT 05478**  
**PROPOSED MEMBERSHIP APPLICATION**

Please complete and return to Club President or Membership Chair

**PERSONAL**

**PREVIOUS ROTARY SERVICE:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Classification: \_\_\_\_\_

Club Name: \_\_\_\_\_ District #: \_\_\_\_\_

Club Achievements: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Home Email: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_ Anniversary: \_\_\_\_\_

**COMMUNITY SERVICE**

**BUSINESS:**

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

Preferred Contact: Business Email: ☐ Home Email: ☐