



Rotary Club of LaGrange Sunrise
P.O. Box 317
LaGrangeville, NY 12540

Membership Application:

Name of Applicant: _____

Nickname: _____

Date of Application: _____

Classification: _____

Home Address: _____

Phone (Home): _____

(Business): _____

Fax: _____

Cell: _____

eMail: _____

Company: _____

Position: _____

Birthday: _____

Spouse's Name: _____

Spouse's Birthday: _____

Anniversary: _____

Children's name(s)/age(s) _____

Rotary Sponsor: _____

Signature: _____

For Club Use Only:

Paul Harris Status: _____ TRF Acct#: _____

Benefactor: _____ Year Joined Rotary: _____