

ROTARY CLUB OF GRAND BLANC
MEMBERSHIP APPLICATION

Please print legibly

Applicant's Name: _____

Date of Birth _____ Name of Significant Other/Spouse _____

Children names/ages _____

Residence Address _____ Home Phone # _____

City: _____ State: _____ Zip: _____

Position Held: Proprietor, Partner, Officer _____ How Long? _____

Profession: _____

Business Address: _____ City: _____

State: _____ Zip: _____ Business Phone: _____ Fax: _____

Email _____ Cell: _____

See reverse for Language skills: _____ Occupation codes: _____

Previous Rotary Membership(s); which clubs: _____

Year of Service _____ Position(s) Held: _____

Other Affiliations: _____ Professional: _____

Community: _____ Other: _____

I understand the conditions of membership of the Grand Blanc Rotary Club, and agree to abide by those conditions.

Applicant's Signature: _____ Date: _____

CLUB USE ONLY

Membership Type: Active Honorary Classification: _____

Admission Fee Collected: Yes No Date of Induction _____

Reason for Membership Termination

_____ Classification	_____ Business Transfer	_____ Moved	_____ Attendance
_____ Business pressure	_____ Disinterest	_____ Health/Personal	_____ Deceased
_____ None Given	_____ Joined other club	_____ Other	_____