

Rotary

Club of Marshalltown

Membership Application Form



Personal Information:

Name _____ Date of Birth _____

Nickname _____

Home Address _____

Preferred Phone _____ Email Address _____

Name of Spouse _____

Business or Professional Information:

Employer _____ Address _____

Position _____

Previous Rotary Club Experience:

____ Yes, I have been a Rotarian Previous Club _____

____ No, I have not been a Rotarian.

Rotary Sponsor _____

____ I am a self-referral

I am interested in: _____ Noon Rotary Meeting _____ Extension Evening Meeting

How did you hear about Rotary?

Please share how you have been involved in volunteer service.

What areas of service in our community are you interested in?

Return this completed form to: Rotary Club of Marshalltown, P.O. Box 64,
Marshalltown, IA 50158 or email to: Marshalltown.rotary@gmail.com