



Rotary Club of West Liberty Application for Membership

This is an application to be considered as a new member of the Rotary Club of West Liberty. The Board meets the second Tuesday of the month and votes on all proposed new members. Your application is due to the Membership Chair by noon on the first Tuesday of the month to be considered for membership at the following Board meeting. Email the completed application to rotaryclubofwestliberty@gmail.com

Date: _____

Your First and Last Name *

Your Preferred Name (if different from your name)

Email Address *

Primary Phone Number *

Home Address *

Street Address

City

State/Zip Code

Date of Birth (MM/DD/YYYY) *

First and Last Name of current member proposing you*

Check here if you are a self-referral _____

How did you hear about Rotary and why are you seeking to join our club?

Any additional comments you wish the Board to know about your interest in the club.

Signature:

Date:

Printed Name:

Email the completed application to rotaryclubofwestliberty@gmail.com