MEMBERSHIP APPLICATION Coeur d'Alene Rotary Club

Sponsor:	Date:	
Proposed Member:		
		Gender ☐ Male☐ Female
Name Preferred Name:	Date of Birth	
Residential Address		
Residential Telephone	Email address: _	
Occupation:		
Business Name:		_
Business Address		
Business Telephone Number:	Fax Numbe	r:
Business position (If retired, former firm and positions	s held)	
Preferred contact: Business ☐ Residence ☐]	
Education:		
Family: Married: Yes□ No□		
Spouse Significant Other		Date of Birth
Children: (Names & Ages)		
Membership of previous Rotary Clubs (Name, Dates	of membership)	
Hobbies & Interest		
Community Positions held:		
Proposed Classification :		
References: (2) (Include contact information)		
Proposed Members Signature	Sponsors Signature	