

MEMBERSHIP APPLICATION
Coeur d'Alene Rotary Club

Sponsor: _____ Date: _____

Proposed Member:

_____ Gender Male Female
Name Date of Birth
Preferred Name: _____

Residential Address _____

Residential Telephone _____ Email address: _____

Occupation: _____

Business Name: _____

Business Address _____

Business Telephone Number: _____ Fax Number: _____

Business position (If retired, former firm and positions 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 _____