## New Member Application

	Cell Phone: ()
Applicant First Name:	Business Phone: ()
Applicant Middle Name:	Personal e-mail address:@
Applicant Last Name:	Work e-mail address:@
Suffix: Shirt	Preferred e-mail: Personal Work
Size: Gender: Male Female	Preferred Contact Method (check one):
Membership Type (Check only one):	Home Phone e-mail FB Messaging
Standard Rotary Membership	Cell Phone text Snapchat
Corporate Membership	Business Phone US Mail other
	Preferred being the method you will respond quickest
Home Address:	How long have you lived in area?years months
Street:	Other community organizations you may belong (include other clubs, boards, churches etc.):
Business Address (if applicable):	
Business Name:	
Street Address:	Are you a former Rotary Member?yesno
City:zip	If yes, Name of Rotary Club:
Position Title:	Your Rotary Member ID:
Vocational Skill:	Spouse and Children (if applicable) names:

**Rotary** 

Home Phone:

Lewisville

Morning

Please return pages 1 a n d 2 of this form to LMRotaryMembership@gmail.com or to a Lewisville Morning Rotary Member.

**<sup>1</sup>** | Page

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Proposed Classification:	
I (print name) hereby cert business or profession or activity covered by the classifi	
I understand that if selected to join, my duty will be to contacts and activities and to abide by the constitution	
I agree to pay the application fee for \$35.00 and club du for standard membership. Up to 3 additional employee corporate member under the corporate membership. I and proposed classification.	s may participate in club activities in addition to the
Print Applicant Name:	
Applicant Signature:	Date:
Proposing Rotarian Signature:	Date:
Club Secretary Signature:	Date:
Club President Signature:	Date:

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