

MEMBERSHIP APPLICATION FORM

Proposal for Membership in the Rotary Club of Missoula

Mr. Ms. Mrs. Dr. Other	
lame	Title, if applicable
lome Address, City, State, Zip	
ome Telephone	Home Cell Phone
	_ Yes No_
ome E-mail	Preferred email?
usiness/Employer Name	
osition Title or Description	
usiness Address, City, State, Zip	
)usiness Telephone	Business Cell Phone
	Yes
usiness E-mail	Preferred email?
ate of Birth	
ame of Spouse/Partner/Significant Other, if applicable	
hildren's Names (and ages, if under 18)	
Professional Classification (ex., attorney, nonprofit management, education	on, healthcare, contractor, etc.)

Have you ever been a member of a Rotary Club? ☐ Yes ☐ No
If so, list name & location of club, dates of your membership, your Rotary membership number:
Please share some vocational and personal background details that will enhance your activities as a Rotary member.
List any other activities that you would like to share.
I hereby certify that if accepted to Membership in the Rotary Club of Missoula, I as a Rotary member will exemplif the Object of Rotary in all my daily contacts and will abide by the constitutional documents of Rotary Internationa and the Rotary Club of Missoula. I agree to pay an admission fee and dues in accordance with the bylaws of the club.
Signature
Date
Proposed Member Sponsored by Rotary member
Date
Please submit this signed application form to Membership Chair Royce Engstrom at

royce.engstrom@umontana.edu or via U.S. mail to:
Royce Engstrom, Membership Chair, Rotary Club of Missoula, PO Box 9290 Missoula, MT 59807