



ROTARY CLUB OF LAHAINA

Membership Application



APPLICANT NAME _____

COMPANY NAME _____

OCCUPATION TITLE _____

BUSINESS ADDRESS _____

CITY and STATE _____

ZIP CODE _____

EMAIL ADDRESS _____

BUSINESS PHONE _____

CELL PHONE _____

If retired, please provide Employer and Position or Profession at the time of retirement

EMPLOYER _____

POSITION/PROFESSION _____

HOME ADDRESS _____

EMAIL ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

If former Rotarian, list name of Clubs and Membership dates: _____

OTHER CIVIC/COMMUNITY GROUPS AFFILIATED WITH

NAME _____

POSITION HELD _____

MEMBERSHIP DATE _____

NAME _____

POSITION HELD _____

MEMBERSHIP DATE _____

NAME _____

POSITION HELD _____

MEMBERSHIP DATE _____

Reasons for joining the Rotary Club of Lahaina and to be a Rotarian: _____

