

# OMAHA WEST ROTARY CLUBNew Member Application

|  |  |  |
| --- | --- | --- |
| Applicant |  | Sponsor |
|  |  |  |  |  |  |  |
| Enter Text |  | Enter Text |  | Enter Text |  | Enter Text |
|  |  |  |
| *First Name* |  | *Last Name* |  | *First Name* |  | *Last Name* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Birth (mm/dd/yyyy):** | Enter Text |  | **Number of years lived in the Omaha metro:** | Enter Text |

|  |  |
| --- | --- |
| Applicant Spouse/Partner |  |
|  |  |  |  |
| Enter Text |  | Enter Text |  |
|  |  |
| *First Name* |  | *Last Name* |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Business Name/Address |  | Job Title |  | Industry |  | Retired |
|  |  |  |  |  |  |  |
| Enter Text |  | Enter Text |  | Enter Text |  |[ ]
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| --- | --- | --- | --- | --- | --- |
| Home Address |  | Primary Email |  | Business Phone | **Cell/Home Phone** |
|  |  |  |  |  |  |  |
| Enter Text |  | Enter Text |  | (---) Enter Text |  | (---) Enter Text |
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|  |  |  |
| --- | --- | --- |
| Education |  | Hobbies |
|  |  |  |
| Enter Text |  | Enter Text |
|  |

Have the following membership requirements been clearly communicated to you?

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| --- |
|  |
| Service:  [ ]  Yes  [ ]  No | Attendance:  [ ]  Yes  [ ]  No | Financial:  [ ]  Yes  [ ]  No |

If former or transferring Rotarian, list previous club and dates of membership:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Club Name:** | Enter Text |  | **Dates ofMembership:** | Enter Text |

If Rotary International participant or Foundation alumnus/a list programs and dates:

|  |
| --- |
|  |
| Enter Text |

**List your community service activities that would enhance your consideration as a Rotarian:**

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|  |
| Enter Text |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Enter Text |  | Enter Text |  | Enter Text |  | Enter Text |
| ***Signature of Applicant****(may be typed)* |  | *Date* |  | ***Signature of Sponsor****(may be typed)* |  | *Date* |