



Rotary Club of Ponte Vedra Beach Sunset
P.O. Box 612
Ponte Vedra Beach, Florida 32004

Proposed New Member Application

Date: _____ Proposer: _____

First Name: _____ Last Name: _____

Nickname: _____

Company Information

Name: _____

Position/Title: _____

Address: _____

Phone: _____ Fax: _____

E-Mail Address: _____ @ _____

Home Information:

Address: _____

Phone: _____ Fax: _____

E-Mail Address: _____ @ _____

Spouse's Name: _____

Children's Names/Ages: _____

Date of Birth: _____

Length of Time in Community: _____

Military Service: _____

School or College: _____

Fluent Language Skill(s): _____

Prior membership in Rotary, yes____, no____, if yes, club name & location _____
_____, and approximate dates _____

Current Service, Civic, and/or Community Organization Involvement: _____

Previous Service Involvement: _____

Additional Remarks by Proposer: _____

Proposed Classification: _____

Signed by Proposer: _____

Reviewed & Submitted By: _____
Membership Chairperson

For Use by Club Secretary Only

Date Received by Secretary: _____
Date of Action by The Board: _____
Date Advertised to Membership: _____
Date Inducted: _____
Date RI Notified: _____