



Clarkstown Sunrise Rotary Club

Proposed member data form

Full Name: _____

Mailing address: _____

Nickname (if applicable): _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Employer: _____

Title: _____

Former Rotarian: _____ If yes, Club Name: _____

If yes, RI Member #: _____

Date of Birth: _____ Anniversary: _____

Partner's Name: _____

Other Information that you would like to share:

Proposed by: _____

Board Approval Date: _____