

MEMBERSHIP PROPOSAL FORM

WALLKILL EAST ROTARY



PART I

To be completed by the member proposing potential member and returned to Membership Chair.

Full Name: _____

Mailing Address: _____

Personal Business

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Preferred Email: _____

Personal Business

Employer: _____

Title: _____

Former Rotarian: Yes No

If yes, name of previous club: _____

Dates of membership: _____

Activities that would enhance consideration as a Rotarian: _____

Proposed by: _____ Date: _____

PART II

To be completed by proposed member and returned to Membership Chair after board approval.

Date of Birth: _____

Partner's Name: _____

Anniversary Date: _____

Other Committees/Boards served on: _____

PART III

To be completed by Membership Chair.

DATE

Proposed to Club: _____ & _____

Form Received: _____

Committee Approval: _____

Board Approval: _____

Orientation: _____

Inducted: _____

Name Badge: _____

ClubRunner: _____

Quickbooks: _____

Classification: _____

Rotary ID Number: _____

Club Mentor: _____

Committee: _____