

ROTARY CLUB of MALIBU CALIFORNIA
P.O. Box 716
Malibu, CA 9026



Membership Application

Name: _____

Address: _____

Email: _____

Telephone: _____

Occupation/ Business Name: _____

Sponsor (the person who recommended you become a member):

Current/Former Rotarian? If so, where

Birthday: _____

If Married, Spouse's Name:

I would like to join the Malibu Rotary Club because:

(To be filled out by your sponsor)
I recommend this person to become a Malibu Rotarian because:

Cost is \$500 annually, payable quarterly, plus a \$60 Initiation fee.

