



The Rotary Club of Skidaway Island Membership Application

Date: _____

Full Name: _____

Preferred Name: _____

Address: _____

Phone: _____ Email: _____

Birthday: _____ Spouse/Partner Name: _____

If a former Rotarian:

Name and Location of Club: _____

Dates: _____ Paul Harris Fellow? YES _____ NO _____

Offices Held: _____

Education, Vocational Training, Degrees: _____

Occupation & Title (if retired, former occupation): _____

Vocational Honors & Achievements: _____

Community Involvement, Activities & Achievements: _____

Hobbies & Interests: _____

Sponsor's Name: _____

Sponsor or Club Secretary's Signature: _____ Date: _____

Classification: _____

Please attach your check for the admission fee of \$150, \$100 of which will be donated in your name to the Rotary Foundation.