

NEW MEMBER APPLICATION

YOUR NAME			YOUR DATE OF BIRTH		
YOUR PERSONAL CELL PHONE NUMBER			YOUR ANNIVERSARY DATE		
YOUR SPOUSE/PARTNER NAME			SPOUSE/PARTNER DATE OF BIRTH		
	HOME ADI	DRESS			
HOME STREET NUMBER & NAME			HOME PHONE		
CITY		S	TATE	ZIP	
	BUSINESS A	DDRESS			
COMPANY NAME				YOUR TITLE	
WORK STREET NUMBER & NAME		· · · · · · · · · · · · · · · · · · ·	<u> </u>	WORK PHONE	
CITY		s	TATE	ZIP	
		RESSES			
WORK EMAIL ADDRESS			PERSONAL EMAIL ADDRESS		
PREFERRED EMAIL ADDRESS (click one):	Work	Personal []		
I hereby certify that I am qualified for active membership by my current or former residence within the club's locality or surrounding area. I understand that, if ac constitutional documents of Rotary International and the club. I agree to pay an to publish my name and proposed classification, if applicable, to its membershi	ccepted for membership, it will y admission fees required by the	be my duty to exemplify the Object	t of Rotary in all m	ny daily contacts and activities and to abide by the	
	APPLICANT SIG	GNATURE			
FOR CLUB ACTION: Proposed Rotary Occupational Category:					
Date Board Approved Application:				-	
	Application Form Revis	sed: July 3, 2019			