



Suttons Bay-Leelanau County Rotary Club

Membership Application

To be completed by the applicant. Return to the Membership Chair at mptomena@torchlake.com

Name: _____

Home Address: _____

Current (or former) Employment Title and Business Name: _____

Phone - Cell: _____

Phone - Home: _____

Preferred Email Address: _____ Home () or Work ()

If transferring or a former Rotarian, list previous club affiliation(s):

Club Name: _____ Dates (to/from): _____

Club Name: _____ Dates (to/from): _____

If a Rotary International program participant or Foundation alumnus/a, list program(s) and dates:

Activities that would enhance your consideration to become a Rotarian (e.g., civic involvement, elected positions, volunteer efforts, etc.): _____

Is a current Rotarian serving as your Sponsor? Yes () No () If Yes, list name and email:

Applicant Signature:

Date: _____