

**ROTARY CLUB OF BROOMFIELD CROSSING MEMBERSHIP APPLICATION**

Broomfield Crossing Rotary, PO Box 691, Broomfield, CO 80038-0691

[broomfieldcrossingrotary@gmail.com](mailto:broomfieldcrossingrotary@gmail.com)

**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
Current address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-Mail address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Current employer: \_\_\_\_\_ How long? \_\_\_\_\_  
Employer address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Position: \_\_\_\_\_

**SPOUSE INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**REFERENCES**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

**CHILDRENS' NAMES & DATES OF BIRTH (DOB)**

Name:	DOB:

How did you hear about our club? \_\_\_\_\_

**SIGNATURES**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

*\$50 application fee is due with this application and must be paid prior to induction into the club.  
Club Dues are \$85 per quarter.*