

ROTARY CLUB OF BROOMFIELD CROSSING MEMBERSHIP APPLICATION

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

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: _____

Club Dues are \$85 per quarter.