# Rotary Club of Marshall Application

Rotary
Club of Marshall, TX

Complete and return this form to Membership Chair Debbie Rogers at drogers@etbu.edu

Date: _____

Sponsor's Name: _____

**Proposed Member Information**

Full Name: _____ Suffix: _____ (Sr., Jr. III)

Home Mailing Address: _____

Home/Mobile Phone: _____ Date of Birth: _____

Preferred Email Address: _____

Business/Employer Name: _____

Position Title: _____

Business Mailing Address: _____

Business Phone: _____

**Partner/Spouse Information**

Partner/Spouse Name: _____

Partner Date of Birth: _____ Anniversary: _____

**Children Information**

Children's Names and Ages: _____

_____

Other Interests, Activities, Community Positions, or Additional Notes

_____

_____

_____

I hereby certify that if accepted to Membership of the Rotary Club of Marshall, I, as a Rotarian, will exemplify the Object of Rotary in all my daily contacts and will abide by the constitutional documents of Rotary International and the club. I agree to pay dues in accordance with the club's bylaws.

Signature: _____