



Rotary Club of Framingham

Application to be completed by all proposed for membership and returned to the Club Secretary or mailed to Framingham Rotary, P. O. Box 2173, Framingham, MA 01702, or e-mail to info@framinghamrotary.org

PERSONAL:

Title: _____ First Name: _____ Middle Name: _____ Last Name _____

Preferred Name: _____ (call/nick name) Birth Date: _____ Application Date: _____

HOME ADDRESS:

Street: _____ Phone Number: _____

City/Town: _____ Cell Phone Number: _____

State: _____ Zip Code: _____ E-Mail: _____

EDUCATION LEVEL: (Degrees/Diploma/Certificate)

Name of School: _____ Degree: _____

_____ Degree: _____

_____ Degree: _____

LANGUAGES (Other than English) Speak: _____ Write: _____

Speak: _____ Write: _____

COMPANION: First Name: _____ Birth Date: _____ Last Name: _____

Married: Yes No (Please Circle) Anniversary Date: _____

CHILDREN:

Name	Gender (M/F)	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REASON FOR JOINING ROTARY: _____

BUSINESS:

Company Name: _____

Job Title: _____

Responsibilities: _____

Business Location:

Street: _____ P. O. Box No. _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-Mail: _____

Web Site: _____

(If needed, use reverse side for additional information)

PERSONAL PREFERENCES:

- Club e-mail sent to; Home ____, Office ____
- Club phone calls to; Home ____, Office ____, Cell ____
- Club billing sent to; Home ____, Office ____

PRIOR ROTARY CLUB MEMBER:

Name: _____

Club No: _____ District No: _____ Date: From _____ Date Resigned _____

CLUB: (To be filled out by Sponsor and Member of Executive Committee)

Sponsor: _____ Membership Date: _____

Classification: _____ RI No: _____

Member Type: _____ Attendance Type: _____