

Rotary



Ada Sunrise Rotary Club

New Member Application

Name: _____

Mailing Address: _____

Phone #: _____

Email Address: _____

Proposed Classification: _____

Birthdate: _____ Anniversary Date: _____

Significant Other Name: _____

If rejoining or a former Rotarian please provide most recent club information:

Previous Club Name: _____

Dates involved in club: _____ Previous Rotary ID: _____

Recent Rotarian (one year or less): _____ yes _____ no

If an RI program participant or foundation alumnus/a, list program(s) and date(s):

Activities that would enhance consideration as a Rotarian: _____

Proposer's Signature: _____ Date: _____