

ROTARY CLUB OF GALVESTON ISLAND



Please complete this form electronically (if possible) and **email** to the Membership Director or Christopher Myers. You *must* indicate who is sponsoring this proposed member, as well as the classification.

Personal

First Name _____ MI ____ Last _____ Suffix ____
Nickname _____
Mail Address _____
City _____ State ____ Zip _____
Home phone _____ Cell _____
Email _____ Birthday _____
Spouse First _____ Last _____
Birthday _____ Anniversary _____

Business

Occupation _____
Employer _____
Mail Address _____
City _____ State ____ Zip _____
Work Phone _____

Send Rotary mail to __ business or __ home mailing address.

Club

Sponsor _____
Classification _____
Prior club _____
Offices held _____
Paul Harris Fellows (#) _____ Sustaining _____
Awards (#) _____ Benefactor _____
RI# _____