

ROTARY CLUB OF GALVESTON ISLAND

Please complete this form electronically (if possible) and **email** to the Membership Director [Todd Schott](#) or [Christopher Myers](#). You *must* indicate who is sponsoring this proposed member, as well as the classification. Required fields are in **red**.

Personal

First Name _____ MI _____ Last _____ Suffix _____
Nickname _____
Mailing Address _____
City _____ State _____ Zip _____
Home phone _____ Mobile _____
Email _____ Birthday _____
Spouse First _____ Last _____
Birthday _____ Anniversary _____

Business

Occupation _____
Employer _____
Mailing 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# _____