

MEMBERSHIP APPLICATION

Please complete all the applicable information requested

First Name	Middle Name	Nickname (Badge	Name)	Last Name		
Gender	Date of Birth	Preferred e-mail address		Cell Phone		
Anniversary	Partner First Name	Nickname		Last Name		Date of Birth
		RESIDENCE				
Address or Box #	Seco	ond Line (if any)	City		State	Zip
Home Phone Home Fax Personal e-mail address				255		
		BUSINESS				
Business Name		Business Website			Business Phone #	
Business Address Lin	e 1 Bus	iness Address Line 2	City		State	Zip
Business e-mail address		Job Title	Job Title Classification (for nat		me badge if different)	
	PREV	OUS OR TRANSFERRIN	IG ROTARI	AN		
Name of Club	City/State	Ye	ear Joined	Year Left	ID Nur	nber (if known)
Name of Sponsoring Club Member		Da	ite Submitte	ed		
CHOOSE I	MEMBERSHIP DUES OP	PTION:\$350/Q	tr Corporat	e\$225/	/Qtr Full [Dues
	E-85 (age plus years in Ive been an active Rota	-	e	85/Qtr —2nd n	nember s	ame family
	\$85/Qtr—S	Service Projects	\$85/Qtr-	– Zoom Only		
	Choose type of Na	ime Badge:Pin (See second pag		Magnet		

OPTIONAL PERSONAL INFORMATION

If you have a family and are willing to share a little bit about them, please use this section to do some bragging:

If you have some hobbies or special interests you would like to share, this is the place.

If you are proud of your educational background, please share that, as well:

If you would care to share any vocational and/or military achievements, this is the place to do so:

Signature

Date

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TO BE COMPLETED BY CLUB					
Date received by Club Secretary					
Date Submitted to Club Board					
Date Board Decision Received		ApprovedDeclined			
Date of Orientation Conversation		Conducted by (Rotarian)			
Date Proposed to Club Members		ApprovedDeclined			
Date Entered in Database		Date Inducted			