

**THE ROTARY CLUB OF MUNSTER**

**MEMBERSHIP APPLICATION**

APPLICANT INFORMATION

**Name (First, Middle, Last):**

**Spouse (First, Middle, Last, if applicable):**

**Date of birth: Sponsor: Home Phone:**

 **Mobile Phone:**

**Date of Anniversary (if applicable): Email Address:**

**Home Address:**

**City: State: Zip Code:**

EMPLOYMENT INFORMATION

**Have you been a Rotarian Club Name(s): Date(s):**

**before?**

**Current employer:**

**Employer address:**

**City: State: Zip Code:**

**Phone: E-mail:**

**Preferred address:**

**Home or work?**

**Title:**

**Rotary Classification:**

MEMBERSHIP INFORMATION

**Sponsor Name:**

**Relationship to sponsor:**

**Why did you decide to become a Rotarian?**



**THE ROTATY CLUB OF MUNSTER**

**MEMBERSHIP APPLICATION**

**AREAS OF SERVICE INTEREST**

**Please list any areas of interest in which you would like to serve:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURES**

**By signing below you verify that you have read the application materials and agree to the terms described therein.**

**Signature of applicant: Date:**

**Signature of sponsor: Date:**