



Rotary Club of Springfield South Membership Proposal Form

Name: _____

Home Address: _____

City: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Mobile: _____

Email Address: _____ Fax Number: _____

Employer: _____

Business Address: _____

City: _____ Zip: _____

Business Position or Title: _____

Spouse Name _____ Your Birth Date: _____

Dates of Membership in other Rotary Clubs: _____

Other service organizations to which you have belonged:

Proposed member's signature: _____ Date: _____

Sponsor Member's Signature: _____ Date: _____

Date formally submitted to Membership: _____

*Return completed form to Rotary South
Secretary:
Carl Affrunti
Rotarycarl6460@gmail.com*

Board Approval Date: _____

Induction Date: _____

(Rev. 07-14 pm)