



**ALLIANCE ROTARY CLUB
PROPOSAL FOR MEMBERSHIP**

NAME _____ DATE OF BIRTH _____

NAME OF FIRM OR PROFESSION _____

POSITION HELD _____

BUSINESS ADDRESS _____

BUSINESS TELEPHONE _____ CELL _____ FAX _____

E-MAIL ADDRESS _____

HOME ADDRESS _____ CITY _____

HOME TELEPHONE _____ CELL _____

PREFERRED MAILING ADDRESS (HOME OR BUSINESS): _____

FORMER MEMBER OF ROTARY ____ WHERE? _____ HOW LONG? _____

MARITAL STATUS _____ SPOUSE'S NAME _____ ANNIVERSARY _____

NAMES AND AGES OF CHILDREN _____

EDUCATION: NAME OF HIGH SCHOOL AND GRADUATION DATE

NAME OF COLLEGE AND GRADUATION DATE

NAMES OF ALLIANCE ROTARIANS YOU KNOW PERSONALLY

1) _____ 2) _____

3) _____ 4) _____

IS PROSPECT RETIRED? _____ HOW LONG? _____

SIGNED BY PROPOSER _____

PROSPECT'S SIGNATURE _____ DATE _____

HAS PROSPECT ATTENDED ORIENTATION? _____ BY _____

SUGGESTED CLASSIFICATION _____ RETURN TO ANY CLUB OFFICER

APPROVED BY BOARD OF DIRECTORS _____ DATE _____