

Membership Application Form

To be completed by the prospective Rotarian.

Proposal for Membership of Rotary Club of La Crosse, Wisconsin

Full Name:			_
Home Address:			
Cell Phone:	Work Phone:	Home Phone:	_
Business / Employer:		Position / Title:	_
Business Address:			_
Personal Email:		·	
Work Email:			_
Date of Birth:	Preferr	red Pronouns:	_
Partner's Name (Optiona	ıl):	Anniversary (Optional):	-
Preferred email for club	correspondence: Wo	orkPersonal	
Preferred email for billing	g correspondence: Wo	ork Personal	
Why do you want to join	Rotary?		
Some vocational and per	sonal background details th	nat will enhance your activities as a Rotarian	ı:
the Object of Rotary in	all my daily contacts and	ne Rotary Club of La Crosse that I as a Rotaria d will abide by the constitutional docum ion fee and dues in accordance with the byla	ents of Rotary
Signature:		Date:	