

Rotary Club of Webster Groves Membership Proposal Form

Last Name: _____ Suffix: _____ Title: _____

First Name: _____ Middle/Maiden Name: _____ Nickname: _____

Home Address/City/ZIP: _____

Mobile/Home Phone(s): _____ E-mail Personal: _____

Birth Date: _____ Spouse's Name: _____ Anniversary: _____

Current (or Former) Employer/Position: _____

Business Address/City/ZIP: _____

Business Phone: _____ E-mail Business: _____

Sponsor's Name: _____ Proposed Classification: _____

If you are a current or former Rotarian, please provide: Dates: _____ RI#: _____

Club Name & Location: _____

Activities, Experience, & Community Service that would enhance your consideration as a Rotarian:

Family Information: _____

Other Things You Would Like for Us to Know About You: _____

Sponsor's Signature

Date