

MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY

NAME:	FIRST			
	FIRST	MIDDLE INITIAL	LAST	
NAME OF S	SPOUSE OR SIG	NIFICANT OTHER:_		
ADDRESS (Where correspon	ndence should be sent)	STREET	
(,, <u></u>		STREET	
CITY		STATE	ZIP CODE	
HOME PH#	· · · · · · · · · · · · · · · · · · ·	WORK PH#		
CELL PH#	FAX #			
E-MAIL AD	DRESS:			
ADDRESS:				
POSITION:	(OWNER, MANA	GER, OFFICER ETC.):		
INDUSTRY	CLASSIFICATI	ION: (LAW, INSURANC	E, CLOTHING RETAIL, ETC.)
YOUR BIRT	ΓHDAY (MM/DD	/YYYY):	SPOUSE'S BIRTHDAY	;
PREVIOUS	ROTARY CLUI	B MEMBERSHIPS:		
POSITIONS	HELD:			
DATE:	SI	GNATURE:		
	LICATION TO: Yrk, OH 44126	West Shore Rotary, C/O	Mary Ann Jackson, Secreta	ry, 22515 Bard Ave.,
before induc	0/YEAR = \$130 letion into the Clutto change by Rotary	b.	130 DUE NOVEMBER 15 TH	You will be invoiced

(2024-04)