



MEMBERSHIP APPLICATION

NAME: _____
FIRST MIDDLE INITIAL LAST

NAME OF SPOUSE OR SIGNIFICANT OTHER: _____

ADDRESS (Where correspondence should be sent) _____
STREET

CITY STATE ZIP CODE

HOME PH. #: _____

WORK PH. #: _____

CELL PH. #: _____

FAX #: _____

E-MAIL ADDRESS: _____

COMPANY'S NAME: _____

ADDRESS: _____

POSITION: (OWNER, MANAGER, OFFICER ETC.): _____

INDUSTRY CLASSIFICATION: (LAW, INSURANCE, CLOTHING RETAIL, ETC.)

YOUR BIRTHDAY (MONTH/DAY): _____ **SPOUSE'S BIRTHDAY:** _____

YOUR WEDDING ANNIVERSARY: _____

PREVIOUS ROTARY CLUB MEMBERSHIPS: _____

POSITIONS HELD: _____

DATE: _____ **SIGNATURE:** _____