



ROTARY CLUB OF TACOMA #8

MEMBERSHIP INQUIRY



I AM INTERESTED IN ROTARY: _____ DATE: _____

FIRM NAME: _____ TITLE: _____

PRIMARY RESPONSIBILITIES: _____

BUSINESS NAME: _____
BUSINESS ADDRESS: _____
CITY: _____ ZIP: _____
PHONE: _____
BUSINESS E-MAIL: _____

HOME ADDRESS: _____
CITY: _____ ZIP: _____
PHONE: _____
HOME E-MAIL: _____

DESCRIBE WHAT YOU DO _____

FORMER ROTARIAN? YES: NO: WHERE: _____ WHEN: _____

SERVICE/CIVIC/SOCIAL ORGANIZATIONS BELONGED TO:

- A) _____
- B) _____
- C) _____

ARE YOU AND YOUR COMPANY COMFORTABLE WITH THE FINANCIAL REQUIREMENT OF MEMBERSHIP? YES: NO:

SIGNED : _____ TELEPHONE NO: _____

E-MAIL ADDRESS: _____

FOR MORE INFORMATION CONTACT THE ROTARY OFFICE AT CLUBADAMIN@ROTARY8.ORG OR CALL 253-473-7723