

Stillwater Rotary Club
New Member Application

Today's Date: _____ Sponsor: _____

Your Personal Information:

First: _____ Middle: _____ Last: _____

Gender: Male _____ Female _____

Preferred Mailing Address: Home _____ Work _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Country: _____

Transferring Member? Yes _____ No _____ If yes, please fill out following 3 lines:

Rotary Member Number: _____

Former Rotary Club: _____

District: _____

Preferred Email Address: _____

Preferred Phone Number: _____

Cell Phone: _____

Your Birthdate: _____

Spouse Name: _____ Birthdate: _____

Wedding Anniversary: _____

Children:

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Name: _____ Birthdate: _____

Your Hobbies and Interests: _____

Community Positions, Projects, Organizations: _____

Your Business Information:

Name of Business: _____

Occupation/Title (as you would like displayed on nametag): _____

Address (if different from preferred): _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Business Email (if different from preferred above): _____

Please send your application to:

Stillwater Rotary Club
Attn: Membership
1225 2nd St S
Stillwater, MN 55082

For office use only:

____ Cogwheel ____ President ____ Badge ____ Directory ____ RI ____ Treasurer