



Please return completed application to Club Secretary Sara Muhlbauer at meeting or via email Sara.Muhlbauer@lakelandcareinc.com

Date of Application:	
Membership Type:	<input type="checkbox"/> Standard Membership <input type="checkbox"/> Corporate Membership <input type="checkbox"/> Service Membership <input type="checkbox"/> Rule of 85 Membership
Corporate Member Only	Name of Primary Member: _____
Name (First, MI, Last):	
Date of Birth:	
Home Address: (required)	Street: _____ City, State, Zip: _____ <input type="checkbox"/> use this address for Rotary mailing
Phone Number (required)	Cell: _____ Home: _____ Work: _____ Primary Phone Number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Email (required)	Home: _____ Work: _____ Primary Email Address: <input type="checkbox"/> Home <input type="checkbox"/> Work
Spouse/Partner Name:	
Employer/Vocation:	
Position or Title:	
Employer Address: (if applicable)	Street: _____ City, State, Zip: _____ <input type="checkbox"/> use this address for Rotary mailing
Transferring Membership	Date Joined Rotary: _____ Rotary Member No.: _____ Former Rotary Club: _____ District: _____ Dates Active: _____
<input type="checkbox"/> No <input type="checkbox"/> Yes <small>(if yes, please complete questions to right)</small>	
How did you hear about Oshkosh Rotary-Downtown?	

For Rotary Purposes Only:

Date Received:	
Date Approved by Board:	
Printed in Spokes:	1. _____ 2. _____