



The Rotary Club of Caro

P.O. Box 623 Caro, MI 48723

District 6310

NEW MEMBER APPLICATION

Date: _____ Individual _____ Corporate* _____

Name: _____ Preferred Title: Mr. / Mrs. / Ms. / Dr. / Other _____

Home Address: _____ Business Address: _____

City State Zip City State Zip

Home Phone: (____) _____ Business Phone: (____) _____

Home Fax: (____) _____ Business Fax: (____) _____

Cell: (____) _____

E-mail: _____

Did a Rotarian invite you to join? N____ Y____ Name of Rotarian: _____

Address you would like used for Rotary business: _____ Home _____ Business

Phone number you would like used for Rotary business: _____ Home _____ Business

Place of Employment: _____ Position: _____

Date of Birth: _____

Marital Status: _____ Spouse's name: _____

Have you been a Rotarian in the past? _____ Member of another service club? (Name) _____

If yes, when, where, and for how many years? _____

Areas of interest? Check all that apply: Club Officer/Board of Directors____ Committee member____

Membership____ Programs____ Fund Raising____ Contributions____ Newsletter____ Social Media____

Vocational, Club or Community Service____ Youth Exchange____ Other____

Foreign Languages (if any) _____ Speaks fluently _____ Reads/writes fluently _____

*For Corporate Membership: Associate Members

Name _____ Phone _____ E-Mail _____

Name _____ Phone _____ E-Mail _____