

Rotary Club of Pottstown Membership Request Form

| Name: | | | |
|--------------------------------------|-------------------------|----------------|------------------------|
| Home Address: | | | |
| City: | State: | Zip: | |
| Home Telephone: | | | |
| Home Email: | | | |
| Company: | | | |
| Business Address: | | | |
| City: | State: | Zip: | |
| Business Telephone: | | | |
| Business Email: | | | |
| Preferred Contact: Home \Box | Business \square | | |
| Title: | | | (for Badge) |
| Nature of Business: | | | _ |
| If former Rotarian, list club(s) and | dates: | | |
| If retired, list employer/professior | and position at time o | of retirement: | |
| Activities which would enhance co | onsideration as a Rotar | ian: | |
| | | | |
| Sponsoring member: | | _ | |
| Member Type: Active ☐ Se | ervice Family | Corpoi | rate 🗆 |
| Email the above information come | alatad ta Mambarchia | chair Amira Ha | im at amira haim@uahaa |

Email the above information completed to Membership chair Amira Heim at amira_heim@yahoo.com – a confirming reply will be sent within 24hrs.

Any questions can be directed to Amira or Lauren McCloskey, Club President, at pottstownrotary@gmail.com