

Hampton Rotary Club New Member Proposal / Profile

Please Print	Proposed by:	
<u>Personal</u>		
NAME	NICKNAME (if applicable)	
STREET ADDRESS		
CITY	STATE	ZIP CODE
HOME PHONE #	CELL	_#
PREFERRED E-MAIL ADDRESS		
PARTNER'S NAME		
CHILDREN'S NAMES		
<u>Business</u>		
BUSINESS NAME	TITLE	
BUSINESS ADDRESS		
WORK PHONE #	FAX #	
*Please indicate your preferred col Business above.	ntact information b	y checking Personal or
Special interests or ideas you would	like to pursue with th	e Hampton Rotary Club?
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Proposed Member's Signature		Date
Proposer's (Sponsor) Signature		Date
INDUCTION DATE: CLASSIFICATION:		

Return completed form to: Hampton Rotary Club, PO Box 353, Hampton, NH 03843-0353