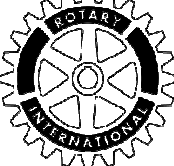


**University Hills Rotary Club**

c/o Dick Castleman OR Club 1119, District 5450  
 7340 East Caley Ave., #300 P.O.B 5281  
 Centennial, CO 80111 Englewood, CO 80155



Is it TRUTH?  
 Is it FAIR to all concerned?  
 Will it build GOOD WILL and BETTER FRIENDSHIPS?  
 Will it be BENEFICIAL to all concerned?

Service Above Self  
 Presented: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Initiated: \_\_\_\_\_  
 \_\_\_\_\_

Complete all information below to signature line. If necessary, use the reverse side of the form for additional information or attach additional pages.

New Member       Information Change  
 Transfer       New Picture

**A Color Photo or a "jpg" file will be required for listing in Club Directory**

MEMBER INFORMATION REQUIRED		CLASSIFICATION/EMPLOYMENT/OFFICE INFORMATION	
Full Legal Name		Nick Name	Title (Dr., Judge, etc.)
Residence Address (may be listed in club publications)		Business Name and Office Address (may be listed in club publications)	
City, State, Zip Code		City, State, Zip Code	
Telephone/Cell Number (may be listed in club publications)		Telephone/Cell Number (may be listed in club publications)	
Area Code                      Number	Area Code                      Number		
Facsimile Machine Number		Facsimile Machine Number	
Area Code                      Number	Area Code                      Number		
Email Address (if applicable)		Email Address (if applicable)	
Birth Date / /	Birth Place	Position with Business	years with business?
Name of Spouse:	Anniversary Data (optional) / /	Nature of Business	Industry
Children:			
Hobbies, Interests:			
Previous Rotary Club Membership:		Offices Held:	
Other Service Club Membership(s)		Offices Held:	

**Check here if VITAE and/or RESUME is attached:**

**ACKNOWLEDGEMENT**

I hereby authorize the University Hills Rotary Club to investigate the information listed on this form pertaining to my application for membership to join Rotary. I understand that information contained herein will be held in strict confidence.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SPONSORS**

1. Name	Known in what capacity?	For how long?	Date of Sponsorship/Nomination Letter
2. Name	Known in what capacity?	For how long?	Date of Sponsorship/Secoding Letter

Other Sponsors

**COMMENTS**

Proposed Classification (To be completed by Membership Committee)	Date(s)	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Additional
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