

Membership Application

Title: _____ Name: _____

Female _____ Male _____

Nickname: _____ Suffix: _____ (MD, PhD,)

DOB*: _____ Anniversary**: _____

Preferred Address: _____ Home _____ Business

Spouse/Partner Name: _____

Preferred Phone: _____ Home _____ Business _____ Cell

Spouse/Partner DOB**: _____

** (DOB's viewed only by Club Executive or higher)

Primary Email*: _____

Alt E-Mail: _____

* (Club emails will be sent to primary email address)

HOME Address: _____

Home Phone: (____) _____

City: _____ ST: _____ Zip: _____

Home Fax: (____) _____

Children: _____

Cell Phone: (____) _____

Interests/Hobbies: _____

Work Business Name: _____

Position Title: _____

Mailing Address: _____

Work Phone: (____) _____

City: _____ ST: _____ ZIP: _____

Work Cell: (____) _____

Web URL: _____

Work Fax: (____) _____

Previous Business Affiliations: _____

Civic or Social Affiliations _____

Previous Rotary Membership? _____ Yes _____ No Date Joined: _____

Name & Place: _____

Do you know other Rotarians?

Name: _____

Name: _____

Club Location: _____

Club Location: _____

Sponsor Name: _____

Co-Sponsor Name: _____

By signing this application, I acknowledge my interest in joining the Rotary Club of Springfield MA and that I understand the participation and financial requirements as a member of the club.

Applicants Signature: _____

SPONSOR & CO-SPONSORS Comments _____

Application Approval Section:

Approved by Membership Committee: _____

Chairman's Signature

Date

Approved by Board of Directors: _____

President's Signature

Date

(Required Fields)

Please send application to Membership Chairperson, Michelle Booth,
at mbooth@shamass.org or call her at 413-785-4509 with any questions.

Rotary Club of Springfield, P.O. Box 1033 Springfield MA 01101

REV May 2018