



ROCHESTER ROTARY CLUB - MEMBERSHIP APPLICATION

NAME: _____ DOB: _____

HOME ADDRESS WITH ZIP CODE: _____

BUSINESS ADDRESS: _____

IF FORMER ROTARIAN, LIST CLUB(S): _____

(H) PHONE _____ (W) PHONE: _____ CELL: _____

EMAIL: _____

NAME OF BUSINESS: _____

POSITION WITH BUSINESS; _____

SPOUSE OR PARTNER: _____

ACTIVITIES WHICH WOULD ENHANCE CONSIDERATION AS ROTARIAN: _____

PLEASE ATTACH BUSINESS CARD TO THIS FORM.

Proposed Member Signature: _____ Date: _____

Signature of Rotarian Proposer: _____

XX

FOR CLUB PURPOSES ONLY: Form received by Secretary on _____

Submitted to board on _____ To membership on _____ Admission /Dues paid on _____

Admission Date: _____ Induction Date: _____ Fireside Chat on _____

Classification _____ RI Number _____