|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| You can use your PC to fill in this form. Use the Tab key to move to each field. | | | | | | | | | | | | | | | | | | |
| **Name** | Name: | | |  | | | | | | | | | | | | | | |
|  | Nick Name: | | |  | | | | | | Birthdate | | | |  | | |  | |
| **Contact Info** | Home Address: | | |  | | | | | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | | | | | |
|  |  | | | City: | |  | | | | | | State: |  | | | Zip: |  | |
|  | Work Address: | | |  | | | | | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | | | | | |
|  |  | | | City: |  | | | | | | | State: |  | | | Zip: |  | |
|  | Preferred Address for Correspondence (Home or Work): | | | | | | | | | | | | | |  | | | |
|  | Telephone | Work | (   ) | | | | | | Fax | | | | (   ) | | | | | |
|  |  | Home | (   ) | | | | | | Mobile | | | | (   ) | | | | | |
|  | E-Mail Address: | | |  | | | | | | | | | | | | | | |
| **Family** | Name of Spouse (if applicable): | | | | | | |  | | | | | Spouse Birthdate | | | | |  |
|  | Names & Birth Year of Children: | | | | | | |  | | | | | | | | | | |
|  |  | | | | | | |  | | | | | | | | | | |
|  |  | | | | | | |  | | | | | | | | | | |
| **Employment** | Name of Employer or Company: | | | | | | |  | | | | | | | | | | |
|  | Description of Occupation: | | | | | | |  | | | | | | | | | | |
|  | Years Engaged in Occupation: | | | | | | |  | | | | | | | | | | |
|  | Position Within Firm or Company: | | | | | | |  | | | | | | | | | | |
|  | Details of Responsibility: | | | | | | |  | | | | | | | | | | |
| **Service** | Other Service Club, Community or Charitable Membership or Involvements: | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| **Interests** | Please List Your Interests: | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| **Other** | Is the Nominee a Former Rotarian (Yes/No)? | | | | | | | | | |  | | | | | | | |
|  | What other information can you give about the Nominee that would be helpful in assessing  his/her qualifications? | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | Nominated/Sponsored by: | | | | | |  | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| For Membership Committee Use | | | | | | |
| Date Application Received: | |  | | | | |
| Date Interviewed: |  | By: |  | | | |
| Classification: |  | | | | | |
| Copies of Application provided to Board Members: | | | | Yes | Date: |  |
| Copy forwarded to CRRC Bulletin Editor: | | | | Yes | Date: |  |
| Dates Published: |  | | | | | |
| Date Installed: |  | | | | | |