

MEMBERSHIP APPLICATION FORM

Racine Founder's Rotary Club

District 6270



Proposer: Complete the top portion of this application
Forward to Membership Chairperson

Name Proposed _____

Home Address _____

Home Phone _____ Home E-Mail _____

Business Address _____

Business Phone _____ Business E-Mail _____

Position _____ Firm or Organization _____

Date of Birth _____ Partner's First Name _____

Date of Marriage _____ Place of Marriage _____

Why would you like to be a member of Racine Founder's Rotary Club? _____

Activities which would enhance consideration as a Rotarian _____

Proposed By _____

(Bottom portion to be completed by appropriate club committee members)

Classification to be loaned _____

Type _____

Chairman _____

Membership Committee Date Approved _____ Date Not Approved _____
Chairman _____

Board of Directors Date Approved _____ Date Not Approved _____
President _____