

P.O. Box 370198 Milwaukee, WI 53237 www.rcomf.org

Meets on Wednesday at Noon Milwaukee Room (Near Concourse E) General Mitchell International Airport

EIN # 39-6124679

Remarks:

MEMBERSHIP PROPOSAL PLEASE PRINT OR TYPE	Date (mm/dd/vvv	vv)		
	Date (mm/dd/yyyyy) To: President, Membership Chair			
		•		
	From	Name of Rotari	an Sponsor	
Name of Proposed Member				
Optional Nickname, if desired on name bac	dge (ex. Jim not James)			
Classification				
Membership Type: (check one) $\ \square$ Active	☐ Corporate	□ Но	norary	
Business Name				
Title/Position				
Business Address				
City		State	Zip	
Business Telephone ()			Ext	
Home Address				
City		State	Zip	
Home Telephone ()				
Cell ()				
Spouse Name				
Member Birthday[mm/dd/yyyy]	Spouse Birthday		[mm/dd/yyyy	
To which address do you wish <i>The Rotarian</i>	n magazine and invo	ices be sent?	☐ Business	☐ Home
Preferred Email				
Are you proficient in any language besides	English? Tyes			
Comments: (include former service club aff	iliations & recognition	ons) Use o	ther side if need	led
For internal use:				
11	enue of Service:			
Badge Ordered: Ba	dge #:			