

**Gateway Rotary Membership Proposal Form**

*I propose:*

Prefix: (*check one*) o Mr. o Ms. o Mrs. o Dr. o Other

First Name Last Name

Gender: o Male o Female

Fill in the blank Preferred Phone Number:

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

o cell o home o work

Email address:

RI Number: (*if former or transferring Rotarian*) Prior Club:

Proposed Classification:

Mailing Address:

City & Zip:

Business Name:

Position/Title:

Business Address:

City & Zip:

Gateway Rotarian Proposer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

*In the space below, please provide information regarding the prospective member (background, community involvement, interest in Rotary)*

06-Nov-2017