



ROTARY CLUB OF SLIDELL MEMBERSHIP APPLICATION FORM

Full Name:

Gender: Male Female

Nickname:

Home Address:

Business Name & Address (or former if retired) :

(City, State Zip)

Home Phone:

(City, State Zip)

Business Phone:

Cell Phone:

Type of Business:

Preferred E-mail:

Job Title:

Alternate E-mail:

Retired?: Yes No

Your date of birth:

Send postal mail to: Home Business

Name of Spouse/Partner:

S/P date of birth:

Language spoken:

Degrees held:

Special skills, areas of interest and service:

Rotary Paul Harris Fellow: Yes No

Rotary Alumni: Yes No

Indicate areas of interest for club participation:

Club
Service

Community
Service



Vocational
Service



International
Service

Youth
Service

Prior Rotary Club:

Years of Service:

Prior Rotary Member ID#:

Prior District Number:

Sponsored by:

Sponsor's Rotary Member ID#:

Sponsor Signature: