



Rotary Club of Sausalito

P.O. Box 897, Sausalito, California 94966

Living and Giving Large

Rotary of Sausalito Membership Proposal Form

(To be completed by proposer and returned to Membership Chair)

Title (e.g. Mr., Ms., Mrs., Dr., Rev.) _____ Suffix (e.g., Jr., Sr., III) _____

First Name: _____ Middle Name: _____

Last Name: _____

Birthdate: _____ Anniversary date: _____ Spouse Name: _____

Telephone (Including area codes) _____ Address: _____

Current (or Former) Firm and Position: _____

Residence: _____ Business: _____

Cell: _____ Fax: _____

Preferred e-mail address: _____ Residence _____ Business _____

Membership Type: _____ Active _____ Honorary

Proposed Classification (if active) _____

If a transferring or former Rotarian, list previous club information:

Name: _____

Dates: From: _____ To: _____

Recent Transfer (one year or less): _____ Yes _____ No

If an RI program participant or Foundation alumnus, list programs and dates:

Activities that would enhance consideration as a Rotarian:

Proposer's Signature: _____

Date: _____