ROTARY CLUB OF CITRUS HEIGHTS
MEMBERSHIP APPLICATION

MEMBERSHIP TYPE

☐ Individual Membership
☐ Corporate Membership
(Complete Page 1 & 2)

Date of Application:_____ Sponsor Name: _____

Have you been a Rotarian? ☐ Yes-Club Name:_____ ☐ No

Individual Member / Corporate Member Leader Information
(Please print clearly)

First Name:_____ Gender: ☐ Male ☐ Female

Last Name:_____ Birthday (Month/Day):_____

Mailing Address: ☐ Home ☐ Business Anniversary: _____

Preferred Phone: ☐ Home ☐ Business ☐ Cell Spouse/Partner First Name: _____

Primary Email: _____ Spouse/Partner Last Name: _____

Alternate Email: _____ Spouse/Partner Birthday(Month/Day):_____

Home Address:_____ Home Phone: _____

City: _____ Zip: _____ Cell Phone: _____

Business Name: _____ Position/Title: _____

Business Address: _____ Business Phone: _____

City: _____ Zip: _____ Website: _____

Children: _____

Skills: _____

Interests: _____

I the undersigned being familiar with the requirements for and the conditions of membership of the Rotary Club of Citrus Heights, hereby make application for membership.

Applicant Signature: _____ Date: _____

For more information, please visit www.chrotary.org

Corporate Membership: Complete Page 2
Sponsor: Turn in application to the President and a copy to the Secretary.

Corporate Member #2 Information
(Please print clearly)

First Name:_____ Gender: ☐ Male ☐ Female

Last Name:_____ Birthday (Month/Day):_____

Mailing Address: ☐ Home ☐ Business Anniversary: _____

Preferred Phone: ☐ Home ☐ Business ☐ Cell Spouse/Partner First Name: _____

Primary Email: _____ Spouse/Partner Last Name: _____

Alternate Email: _____ Spouse/Partner Birthday(Month/Day):_____

Home Address:_____ Home Phone: _____

City: _____ Zip: _____ Cell Phone: _____

Business Name: _____ Position/Title: _____

Business Address: _____ Business Phone: _____

City: _____ Zip: _____ Website: _____

Children: _____

Skills: _____

Interests: _____

Corporate Member #3 Information
(Please print clearly)

First Name:_____ Gender: ☐ Male ☐ Female

Last Name:_____ Birthday (Month/Day):_____

Mailing Address: ☐ Home ☐ Business Anniversary: _____

Preferred Phone: ☐ Home ☐ Business ☐ Cell Spouse/Partner First Name: _____

Primary Email: _____ Spouse/Partner Last Name: _____

Alternate Email: _____ Spouse/Partner Birthday(Month/Day):_____

Home Address:_____ Home Phone: _____

City: _____ Zip: _____ Cell Phone: _____

Business Name: _____ Position/Title: _____

Business Address: _____ Business Phone: _____

City: _____ Zip: _____ Website: _____

Children: _____

Skills: _____

Interests: _____