

**Membership Application**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Address:  
(if different than home) \_\_\_\_\_

\_\_\_\_\_

Occupation/Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Former Rotarian? Yes  No  If yes, please list former club and dates: \_\_\_\_\_

Please check committees that interest you:

- |  |  |
|--|--|
| <input type="checkbox"/> Membership        | <input type="checkbox"/> Social Activities     |
| <input type="checkbox"/> Rotary Foundation | <input type="checkbox"/> Fundraisers           |
| <input type="checkbox"/> Service           | <input type="checkbox"/> Public Image          |
| <input type="checkbox"/> Grants            | <input type="checkbox"/> International Project |

What do you expect to gain from your Rotary experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sponsor Rotarian: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_