

Rotary Club of Chester, VA

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APPLICATION FOR MEMBERSHIP

Please complete this form and return it to the club secretary or your sponsor. Please print legibly or complete an electronic version on our website: www.chestervarotary.com. Please check your preferred mailing address, contact number and contact email.

Legal Name (F,M,L): _____ Nickname: _____

Company Name: _____ Title: _____

Work Address: _____ Phone: _____

_____ Fax: _____

Work Email: _____

Home Address: _____ Phone: _____

_____ Cell: _____

Personal Email: _____

DOB: _____ Spouse DOB: _____ Anniversary: _____

Spouse's | Partner's Name: _____ Nickname: _____

Preferred Magazine Mailing Address: Home Work Sponsor: _____

I hereby submit my application for membership and am aware of the conditions under which I may retain my membership. If elected to membership, I will submit payment to cover the first month's dues.

Signature: _____ Date: _____

*Complete ONLY if you have previously been a Rotarian:

Previous Rotary Club Name: _____ Dates: _____

Rotary Years of Perfect Attendance: _____

Offices Held: _____