Application for Associate Membership



Name:	
Preferred Address:	
Home or Business	
Preferred E-mail Address:	
Preferred Phone:	Mobile:
Date of Birth:	
FAMILY INFORMATION: (Optional)	
Significant Other/Spouse Name:	
Name(s) of children:	
Home Rotary Club Membership Information:	
Rotary Club Name:	
City/State of Current Club:	Occupation/Classification
COMMUNITY ACTIVITY: Please share any community positions, projects, organizations to aware of.	you are affiliated with that you would like the CAAHT Rotary Club to
of CAAHT in fighting human trafficking. As an Associate Member meetings, board meetings, service projects, grant meetings, and member I am not eligible to vote or hold office and must retain International. I am eligible to become a regular member of the home club and notification and board approval of my intent to	n my membership in my home club to retain membership in Rotary Rotary Club of CAAHT upon termination of my membership in my
as revealing such information could cause uninten	
Signature	Date
ADMINISTRATIVE ONLY:	
Approved by: Inc	duction Date: