

# Membership Application



Member Details			
Membership Type	Active <input type="checkbox"/> Partner/Family <input type="checkbox"/> Introductory <input type="checkbox"/> Senior/Retired <input type="checkbox"/> Young Professional <input type="checkbox"/> Military <input type="checkbox"/> Corporate <input type="checkbox"/> Service-Focus <input type="checkbox"/>		
Name			
Date of Birth		Shirt Size	
Spouse or Partner Name		Anniversary Date	
Children's Names/Ages			
Home Address			
Home Phone		Preferred #: H <input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/>	
Mobile Phone			
Email Address			
Years in our community		Hobbies	
Diplomas/Degrees			
Previous Rotary Club		RI Number	
Business Details			
Company Name			
Industry			
Company Address			
Company Phone		Fax	
Position/Title			
Club Details (To be completed by Club Membership Chair)			
Sponsor Name			
Classification			
Member Type			
Date of Induction			
Badge Number		RI Number	

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