



Membership Type

- Regular Member
Community Partner

Membership Application

Name _____

Nick Name _____ **as it will appear on your Rotary Badge**

Date of Birth _____

Spouse Name _____ **Spouse Date of Birth** _____

Home Address _____

City _____ **Zip** _____

Cell Phone _____ **Home Phone** _____

Email Address _____

Company Name _____

Occupation / Position _____

Business Address _____

City _____ **Zip** _____

Business Phone _____

Classification _____ **what industry is the business in**

Sponsor's Name _____

Date Board Approved _____ **Date Inducted** _____

Please Return Completed Form to info@strongsvillerotary.org