



Membership Type-Choose One

Rotary _____

Rotary Flex _____

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 Code _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Company Name _____

Occupation/Position _____

Business Address _____

City: _____ Zip Code _____

Business Phone _____ Fax _____

Classification _____

Sponsor's Name _____ Phone _____

Email _____

Date Board
Approved
Membership _____

Date Inducted
Into Rotary _____

**PLEASE RETURN COMPLETED FORM TO Kris Heinrich
Email: Krisheinrich3730@gmail.com**