

Membership Application Form

Membership Type:

Individual		Family	y Satellite					
Member In	ıfo:							
Name:								
Address:								
Home Phone:				Cell Phone:				
Home Ema	il:							
Occupation	n:							
Retired?	Yes	No						
Birthday:				Anniversary:				
Hobbies/Sp	ecial Inter	ests:						
How did you hear about Rotary? Club Name:				Dates: from	Are you a former Rotarian? to	Yes	No	
Areas of Ro	tary Servi	ce in whic	h you would like	to participate?				
Community Service International				Fundraising	Youth Services			
Family Me	mber Info:	(If Appli	cable)					
Name:	me:				Relationship to Member:			
Home Addı	ess if diffe	erent:						
Home Phone:				Cell Phone:				
Home Ema	il:							
Occupation	n:							
Retired?	Yes	No						
Birthday:				Anniversary:				
Hobbies:				Special Interests:				
Areas of Ro	tary Servi	ce in whic	h you would like	to participate?				
Col	mmunity S	ervice	International	Fundraising	Youth Services			

KINGSTSON-NK ROTARY 2018.08.14