Rotary Stayton Area

MEMBERSHIP APPLICATION/PROPOSAL FORM

Title (e.g. Mr., Ms., Mrs., Dr., Rev.) _____Suffix (e.g. Jr., Sr., III)_____

Last Name_____

First Name_____ Middle Name_____DOB (year required)_____

Current or former firm and position:

_____

Telephone

Residence_____Business_____Cell/Other_____

Preferred email address_____

Mailing Address_____

Membership Type (check one) ☐ Active ☐ Active-Corporate ☐ Honorary

If transferring or former Rotarian Rotary ID# if known_____

Previous Club(s) information

Club Name_____From/To_____

Club Name_____From/To_____

Activities that would enhance consideration as a Rotarian_____

_____

_____

Applicant or proposer signature and date

_____

Fillable PDF. Complete this form and email it to salemarearotary@gmail.com or bring a completed form to one of our meetings or give it to a current member.