

**ROTARY CLUB OF CALISTOGA
MEMBERSHIP APPLICATION/INFORMATION FORM**

Membership Form

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

Last Name: _____ First Name: _____

Middle Name: _____ Nickname: _____

Birthday (MM/DD): _____ Birthplace: _____

Current (Former) Firm: _____ Your Position: _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Email Address: _____ Fax Number: (____) _____

Partner Name: _____ Partner Birthday (MM/DD) _____

Wedding Anniversary: _____ Children's Name(s) _____

Home Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Sponsor (Please print) _____

Sponsor's Signature: _____ *Date* _____

To be completed by sponsor:	Action on Proposal	Date
Classification: _____	Received by Secretary	_____
If a transferring, or a former Rotarian, please provide previous club information:	Sent to Membership Chair	_____
Name: _____	“ “ President	_____
Dates: (from) _____ (to) _____	“ “ Bulletin Editor	_____
RI ID# _____	“ “ Club Service (Directory)	_____
If an RI program participant or Foundation alumnus, program(s) and date(s):	“ “ Admitted to membership:	_____
_____	<input type="checkbox"/> <i>The Rotarian</i> ordered	

Please return this form to the Club Secretary ASAP		