



ROTARY CLUB OF CARMEL

MEMBERSHIP APPLICATION

Name: _____

Classification: _____

Nickname: _____ Date of Birth: _____

Company: _____

Applicant's Title: _____

Nature of Business: _____

Business Address: _____

City, Zip: _____

Business Phone: _____ Fax: _____

E-Mail Address: _____

Home Address: _____

City, Zip: _____

Home Phone: _____ Cell: _____

Spouse's Name: _____ Children: _____

Background of Applicant: _____

General: _____

Education: _____

Membership in Trade or Professional Organizations: _____

Have you belonged to Rotary: _____ when: _____

where: _____

offices or committees: _____

Are You a Member of Another Service Club? _____

Which one? _____

Are you fully aware of membership obligations including dues, attendance, and involvement in community service? _____.

Are you able to fulfill these expectations? _____

Signature of Applicant _____ Date _____

Signature of Proposer _____ Membership & Classification Committee

Board of Directors Action Taken: _____ Date: _____