

Tri~Town Rotary Club

P. O. Box # 1003 ~ Stockbridge, Massachusetts 01262

Membership Application Form

Note: Request for membership requires sponsorship from a current Tri-Town Rotarian who will notify you of after approval by the general membership. Application should be submitted with a \$50.00 Initiation Fee. Signature below indicates permission to publish intention of prospective member in the Tritarian Newsletter and permission to publish pertinent member information on our website. All information will be kept confidential within Tri-Town Rotary Club. Please indicate any information you wish to be kept confidential and preferences for mailing and phone use.

Date: _____

Name: _____

Nick-Name: _____

Personal Information:

Spouse's Name: _____

Birth Date: _____

Home Address: _____

State: _____ Zip Code: _____

Home Phone: _____ E-Mail Address: _____

Business Information:

Company Name: _____

Position: _____

State: _____ Zip Code: _____

Business Phone: _____ E-Mail Address: _____

Business Fax: _____ Cell Phone: _____

Briefly summarize any past or present Rotary, Professional, College, Church or Community affiliations and/or involvements you wish to be considered. Include approximate dates, responsibilities and/or positions held.

Signature: _____

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Rotary use only:

Sponsoring Rotarian: _____

Rotary Classification: _____

Board of Directors Action: _____

Date: _____

Rotary Anniversary: _____

Submitted to National Rotary Registry: _____