MEMBERSHIP APPLICATION



New Member:					
First Name		Last Name			
Preferred Name – if different (Badge)		Date of Birth			
Business:					
Business		Occupation / Title (Badge)			
Street		City, State	Zip (Code	
Business Phone		Business Email			
Home:					
Street		City, State	Zip(Code	
Home Phone	Cell Phone	Personal Email			
Contact Prefere Circle one for each					
	Mailing address?	Ноте	Business		
	E-mail address?	Personal	Business		
	Phone number?	Cell	Business	Home	
Family:					
Spouse/Partner Name		Anniversary Date			
Children		Pets			



MEMBERSHIP **A**PPLICATION



Interests:

Circle the following areas that you are interested in learning more about and exploring further:

Relay for Life	HHS Service Learning	Interact	RYLA				
Membership	Leadership	Art on the Green	Youth Exchange				
Boy Scouts	Writing Journals	4 Way Test Speech Contest	Social				
Memorial Parade	Club Greeter	Fall Fundraiser (Roses + Caramel Corn)	Club Invocation				
Club Publicity	Salvation Army Red Kettle	Club Audio/Visual	Community Service				
Taste of Hudson	Santa on the Green	Annual Gala	Another Project				
Rotary/Community Experience:							
Membership Category:							
O Individual N	Nember – Active Rotarian O Eme	rging Leader – Active Rotarian O R	lotary Partner				
Applicant Signature:		Date:					
Sponsor Signature:		Date:					

