TO BE COMPLETED BY APPLICANT - PLEASE PRINT

Name				
Spouse/Partner's Name (if applicable)	Last	First	M.I.	Name you wish to be called
Home Address				
	Street			
Mailing Address (if different than above; indicate preferred for Rotary business)	City		State	Zip
	Street or P. O. Box			
Birthday (Month/Day)	City	Children's First Names (if applicable)	State	Zip
Phones	_( )	_ ( )		( )
Email (indicate preferred for Rotary business)	Home	Business		Cell
Fax (indicate preferred for Rotary business)	Personal	Е	Business	
Name of Business or Organization Applicant's Business Position	Personal	В	Business	
Business Address				
Dusiness Address	Street or P.O. Box			
	City		State	Zip
Community Activities				
Interests & Special Skills				
Membership in other Rotary Clubs (include offices held)				
Membership in other Service Clubs (past, present)				
Applicant Concurrence	I have reviewed the Rotary information provided by the Vashon Island Rotary Club and, if inducted, intend to support the goals and activities of Rotary and meet attendance and dues requirements.			
	Signature		Da	te

PLEASE ADD ANY V		ERSONAL INFORMATION ABOUT
WHY DO YOU WAN	г то join Rotary	?
TO BE PROCESSED  Sponsor(s)	BY THE MEMBERSI	HIP CHAIR & SPONSOR:
Classification (Vocation)  (for name badge)		
Initial Interests	Committee(s)	Other
Dates	Approved by the Board Reviewed by club members	
	Initiation and Dues Paid Orientation by sponsor	
	Materials from Memb. Chair Inducted into Membership	
Notes	madeled into ivientociship	