

Membership Form

(CANDIDATE: Please complete this fillable pdf, print and sign. Then give to Sponsoring Rotarian. Sponsor should sign and then forward to the Club Secretary.)

Name:	
Business:	
Business Address:	
Business Phone:	
Work Email:	Home Email:
Home Address:	
Cell Phone:	Alternate Phone:
Date of Birth:	
Partner:	
Previous Rotary Affiliation (if applicable):	Dates:
Sponsor's name:	
Activities that would enhance consideration as a Rotaria	n:
Signature of Applicant:	D. to
	Date:
Signature of Sponsor:	Date:
Membership Type: Individual Corpo (Choose one)	orate Honorary

Rotary Club of Plattsburgh P.O. Box 86, Plattsburgh, NY 12901 plattsburgh.rotary@gmail.com