

Membership Application

Title: _____ Name: _____

Female ____ Male ____

Nickname: _____ Suffix: _____ (MD, PhD,)

DOB **: _____ Anniversary **: _____

Preferred Address: ____ Home ____ Business

Spouse/Partner Name: _____

Preferred Phone: ____ Home ____ Business ____ Cell

Spouse/Partner DOB **: _____

** (DOBs viewed only by Club Executive or higher)

Primary Email *: _____

Alt E-Mail: _____

* (Club emails will be sent to primary email address)

HOME Address: _____

Home Phone: (____) _____

City: _____ ST: _____ Zip: _____

Home Fax: (____) _____

Children: _____

Cell Phone: (____) _____

Interests/Hobbies: _____

Work Business Name: _____

Position Title: _____

Mailing Address: _____

Work Phone: (____) _____

City: _____ ST: _____ ZIP: _____

Work Cell: (____) _____

Web URL: _____

Work Fax: (____) _____

Previous Business Affiliations: _____

Civic or Social Affiliations

Previous Rotary Membership? ____ Yes ____ No Date Joined: _____

Name & Place: _____

Do you know other Rotarians?

Name: _____

Name: _____

Club Location: _____

Club Location: _____

Sponsor Name: _____

Co-Sponsor Name: _____

By signing this application, I acknowledge my interest in joining the Rotary Club of Springfield MA and that I understand the participation and financial requirements as a member of the club.

Applicants Signature: _____

SPONSOR & CO-SPONSORS Comments

Application Approval Section:

Approved by Membership Committee: _____

Chairman's Signature

Date

Approved by Board of Directors: _____

President's Signature

Date

(Required Fields)

**Please send your membership application to Sue Mastroianni
 at samastro@comcast.net or call her at
 413-330-3102 with any questions.**