

Full	Club:
Impact	Club:

PLEASE FILL OUT ALL INFORMATION

PERSONAL FACTS FOR ROTARY CLUB DATABASE

MEMBER: Title:	First Name:		MI:				
Last Name:		me):					
Date of Birth:	Email Address:						
Phone:	Cellphone:						
May we send comm	unications to your EMA	AIL? Y/N AND OR CELLP	HONE? Y/N				
Residence Address:							
	Street						
Primary:							
	City	State	Zip				
Secondary Address:							
	Street						
Primary:							
	City	State	Zip				
BUSINESS:							
Company:							
Occupation/Job Title	e:						
Bus. Phone:	Bus Cell:						
Business Address:							
		Street					
Primary:							
	City	State	Zip				
Do you prefer we se	end mail to your Reside	ence, Secondary, or Business	Address?				
FAMILY: Spouse	or Significant Oth	er:					
First Name:		Last Name:					
Date of Birth:	Annivers	ay Date:					

HOBBIES & INTERESTS:

i.e.: golf, fishing, hunting, etc.

PREVIOUS ROTARY CLUBS: *Rotary ID number						
Name of Club CLUB ACHIEVEMENTS: i.	e.: offices held in	City/State club and which year.	Date Joined	Date Resigned		
Membership Question						
Why do you want to join the Rota	ry Club of Claytor	1?				
What do you hope to glean from F	Rotary?					
Are there unique skills that you we	ould like to contril	bute to the Club?				
NOTES: i.e.: Community positions,	, organizations, si	ubjects you could give	e a 3-minute talk i	to the club.		
CLUB						
CLUB: to be filled out by club	-					
Classification:						
Membership Type:						
Induction Date:	Sponsor's I	Name:				

Fill out form completely then either save it and email it to claytonrotary1@gmail.com or print it out and give it to a club officer.