



MEMBERSHIP APPLICATION

Complete form or visit DACdb to apply online. For Corporate and Non-Profit, please complete an application for each person requested.

Membership Type requested: Individual Corporate (up to 5) Non-Profit (up to 5)

Proposed Member and Sponsor Identification

Full Name: _____ Nickname: _____

Charlotte Rotarian Sponsor: _____ Signature: _____

Charlotte Rotarian Endorser: _____ Signature: _____

Charlotte Rotarian Endorser: _____ Signature: _____

Business or Professional (Current position or last position held. Retired)

Business Name: _____ Title: _____

Direct Phone: _____ Cell: _____ Fax: _____

Address: _____ City: _____ Zip: _____

Email: _____ Send mail to: Home Business

Principal Activity of Firm: _____

Personal and Family Information

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____ Date of Birth(M/D/Y): _____

Home Email: _____

Birth Place City: _____ State: _____ Country: _____

Spouse/Partner's Full Name: _____ Nickname: _____

Children: _____ Anniversary: _____

Education

College: _____ Degree: _____ Year: _____

Graduate: _____ Degree: _____ Year: _____

Attach resume/bio, community service, and reason for interest in Rotary.

Prior Rotary Club: _____ From: _____ To: _____