

Rotary Club of Robbinsville Hamilton

New Member Application

Date: _____

Name _____

DOB _____

Spouse Name _____

Address _____

Cell Phone # _____ Home Phone # _____

Employer/Address _____

Work Phone # _____ Email _____

Sponsor _____ Classification _____

Date Proposed for Membership _____ Meetings Attended (min. of 3) _____

Date Received New Member Orientation _____

Received \$25 Application Fee ? Yes _____ No _____

Date Approved by Board _____

Date Approved or Rejected by Club Membership _____

If Rejection, Reason _____

New Member Installation Date _____

Remarks / Additional Information _____
