Rotaract Club of Sacramento
Membership Application

Membership Type: ☐ Regular (Please attach $50 check payable to Rotaract Club of Sacramento)
☐ Student (Please attach $25 check payable to Rotaract Club of Sacramento)

PERSONAL INFORMATION

Name: _____ Nickname: _____
(first) (m.i.) (last)

☐ Male ☐ Female Birthdate: _____/_____/19_____ Phone: _____

Email address (club correspondence is sent via email): _____

EDUCATION INFORMATION

School: _____Degree, Major/Minor: _____

WORK INFORMATION

Employer: _____ Job Title:_____

AWARDS & ACHIEVEMENTS

_____ Date Earned: _____

_____ Date Earned: _____

SERVICE ON BOARDS & ASSOCIATIONS

Board or Association: Years: Position(s) Held:

_____

_____

MEMBERSHIP IN OTHER CLUBS & ORGANIZATIONS

Club Name: Years: Position(s) Held:

_____

_____

Please sign and return application by email to: info@rotarysacramento.com, by fax to 916-929-2299, or by mail to 355 Commerce Circle, Sacramento, CA 95815.

_____
Signature of Applicant Date