

Rotary Club of Lake Minnetonka-Excelsior

New Member Information

Title:	
First Name:	Last Name:
Preferred First Name:	DOB:
Male/Female:	Degrees/Diplomas:
Partner's Name:	Partner's DOB:
Anniversary Date:	

Children:

Name	Male/Female	DOB

Personal Contact Information:

Street/PO BOX:	
City, State and Zip Code:	
Phone Number:	
Fax Number:	
Cell Phone Number:	
E-mail Address:	

Business Contact Information:

Company Name:	
Occupation:	
Title:	
Street/PO BOX:	
City, State and Zip Code:	
Phone Number:	
Fax Number:	
Cell Phone Number:	
E-mail:	
Website Address:	

Contact Preferences:	Home	Office
Mail		
Billings		
E-mails		

Sponsor's Name:	
Previously A Rotarian?	Yes/No:

If Yes:

Previous RI Number:	
Club Name:	
Date Joined:	
Date Left:	
Offices Held/Date:	

Interests and Hobbies:

Community and Other Organization Positions Held:

Languages (Speak/Write):

Club Information:

Classification:	
Rotary International Number:	
Membership Date:	
Membership Type:	
Rotarian Subscription:	