GARDEN STATE ROTARY
Membership Proposal Form

LAST NAME: ___________________ FIRST: ___________________

PREFERRED: ___________________ DOB (m/y) ___________________

PROPOSED CLASSIFICATION: ___________________

ADDRESS: ___________________

TOWN: ___________________ STATE: ___________________

ZIP: ___________________

HOME PHONE: ___________________ OFFICE PHONE: ___________________

CELL: ___________________

HOME EMAIL: ___________________ WORK EMAIL: ___________________

OWNER OF: ___________________

EMPLOYED BY: ___________________

RETIRED FROM: ___________________

CURRENT CLUBS/ ORGANIZATIONS/ NETWORKING GROUPS:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

FORMER CLUBS/ ORGANIZATIONS/ NETWORKING GROUPS:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
IF YOU HAVE BEEN A MEMBER OF ROTARY BEFORE:

WHICH CLUB? _____________________________________________

WHEN: ___________________________________________________

WHY DID YOU LEAVE? ______________________________________

WHAT AWARDS OR DISTINCTIONS DID YOU RECEIVE?

_________________________________________________________________

_________________________________________________________________

ACTIVITIES THAT WOULD ENHANCE CONSIDERATION AS A GARDEN STATE ROTARIAN

_________________________________________________________________

_________________________________________________________________

TYPE OF MEMBERSHIP: TRADITIONAL          FLEX          CORPORATE

_________________________________________________________________

SIGNATURE: ___________________ DATE: ___________________

COMPLETE FORM AND RETURN TO MICHELE MOKEN AT 856-722-8813