

Membership Application/Member Information

Service Above Self

University Hills Rotary Club
 c/o Jay Carpender
 1680 S. Marion Street
 Denver, CO 80210

Is it TRUTH?
Is it FAIR to all concerned?
Will it build GOOD WILL and BETTER FRIENDSHIPS?
Will it be BENEFICIAL to all concerned?

Presented: _____

 Initiated: _____

Complete all information below to signature line. If necessary, use the reverse side of the form for additional information or attach additional pages.

<input type="checkbox"/> New Member	<input type="checkbox"/> Information Change	A Black and White Photo or a "jpg" file will be required for listing in Club Directory
<input type="checkbox"/> Transfer	<input type="checkbox"/> New Picture	

MEMBER INFORMATION REQUIRED	CLASSIFICATION/EMPLOYMENT/OFFICE INFORMATION
Full Legal Name	Nick Name Title (Dr., Judge, etc.)
Residence Address (may be listed in club publications)	Business Name and Office Address (may be listed in club publications)
City, State, Zip Code	City, State, Zip Code
Telephone Number (may be listed in club publications)	Telephone Number (may be listed in club publications)
Area Code Number	Area Code Number
Facsimile Machine Number	Facsimile Machine Number
Area Code Number	Area Code Number
Email Address (if applicable)	Email Address (if applicable)
Birth Date / /	Birth Place Position with Business years with business?
Name of Spouse: Anniversary Data (optional) / /	Nature of Business Industry
Children:	
Hobbies, Interests:	
Previous Rotary Club Membership:	Offices Held:
Other Service Club Membership(s)	Offices Held:

Check here if VITAE and/or RESUME is attached:

ACKNOWLEDGEMENT

I hereby authorize the University Hills Rotary Club to investigate the information listed on this form pertaining to my application for membership to join Rotary. I understand that information contained herein will be held in strict confidence

Signature	Date
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SPONSORS

1. Name	Known in what capacity?	For how long?	Date of Sponsorship/Nomination Letter
2. Name	Known in what capacity?	For how long?	Date of Sponsorship/Seconding Letter

Other Sponsors _____

COMMENTS

Proposed Classification (To be completed by Membership Committee)	Date(s)	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Additional
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