

Rotary Club of Macon

Please provide your sponsor with an electronic/digital photo.



Proposal for Membership

(PLEASE TYPE)

Name First _____ Middle _____ Last _____

Nickname _____ DOB _____ Spouse's Name _____

Residence Address _____

Home Phone _____ Cell Phone _____

Names and ages of children _____

Name and type of business _____

Business Address _____

_____ Position in business _____

Business Phone _____ Fax _____ E-mail address _____

Member of a Civic Club? **Y** **N** Club Name and location _____

Member of Other Organizations? **Y** **N** Name(s) _____

Previous member of Rotary? **Y** **N** Club Name and location _____

Your previous RI member number(s)? _____

Length of residence in Macon area _____

Date proposed _____ / _____ / _____

Proposed by:

Signature

Printed name

Proposal endorsed by the following Rotarians:

Signature

Signature

Printed name

Printed name

Please complete form to this point and submit to the current Membership chair who will route to the Classification Committee.

Report of Classification Committee:

Approved _____ Not approved _____ Classification _____

Date _____ Classification Chair Signature _____

Date of installation as new member _____ / _____ / _____