



For Internal Rotary Use

Member Number: _____

Member Classification: _____

Membership Application

Date: _____

Name: _____

Address: _____

Birth date/year: _____ Spouse's Name: _____

Phone: Home: _____ Work: _____

Cell: _____ Fax: _____

Email: _____

Business Name: _____ Position: _____

Business Description (elevator pitch): _____

Business Address: _____

Are you a new member candidate for Rotary: _____ Are you transferring from another Rotary Club? _____

Former Rotarian/Club: _____ Year You Joined Rotary: _____

Sponsor: _____

Other Community Affiliations: _____

Special Skills/Interests: _____

Upon completion of this application, your name will be presented to the Board and general membership for approval. You will then be notified of your membership status by your sponsor.

Please return this completed application via email or mail to the attention of:

Long Neck Sunrise Rotary Club Secretary

email: members@longnecksunriserotaryclub.com

Long Neck Sunrise Rotary Club • 24832 John J Williams Hwy, Unit 1 • Millsboro, DE 19966