

Rotary Club of



Cincinnati-Eastside, Ohio

Membership Application

1. Personal Information (to be completed by Applicant)

Name: _____ Date of Birth: _____

Home Address: _____

City: _____ ZIP: _____

How long in this area?: _____

Phone: _____ Cell Phone: _____

e-mail: _____

Spouse's Name: _____ DOB: _____ Anniversary: _____

Children (Name[s] and DOB): _____

Name of Business: _____

Type of Business: _____

Position or Title: _____

Business Address: _____

City: _____ ZIP: _____

Bus. Phone: _____ FAX: _____

Previous Rotary Club Membership(s):

Club: _____ Years: _____

Club: _____ Years: _____

I understand that it will be my duty, if elected, to exemplify the Object of Rotary in all my daily contacts and activities and to abide by the constitutional documents of Rotary International and the club. I agree to pay the annual dues in accordance with the bylaws of the Club. I hereby give permission to the Club to publish my name and proposed classification to its membership.

Signature of Applicant: _____