

Rotary Club of Healdsburg P.O. Box 671 Healdsburg, CA 95448

Prospective Member Application

Name (Last, First): _		Date:		
Home Address:				
Name of Dusiness/F	Street	City	Zip	
Business Address: _	Street	City	Zip	
Occupation:			- .p	
		Send Rotary mailings to (check one): Home Business	
		Cell Phone:		
Nickname (if any):	Pe	ersonal E-mail:		
		Business Fax:		
		Bus. E-mail:		
		Spouse/Partner's Name		
Education:				
	ner Clubs: Length of time in this community:			
Dates of luncheon n	neetings attended: _			
Proposed by:				
	Proposing Member's Signature		Date	
Names of other Rota	arians who know the	e prospective member:		
Transfers Only				
Former Rotary C	Club (Dates):			
to abide by the cons	stitution and bylaws ary regarding the at	xemplify the Object of Rotary in all my da of the Club. I have read the Healdsburg I tendance, participation and financial oblig	Rotary Obligations and	
I hereby permit the	club to publish my n	ame and proposed classification to mem	bers.	
	Prospective Member's S	 Signature	Date	