



Rotary Club of Clarksville, IN Membership Application Form

Name: _____ City: _____
Home Address: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

Business/Employer Name: _____ Position/Title: _____
Business Address: _____ City, ST, Zip: _____
Business Phone: _____ Business Fax: _____
E-Mail: _____ Date of Birth: _____

Name of Significant Other: _____
Children's Names: _____

Proposed Classification: _____

Previous Rotary Club: _____

Some vocational and personal background details that will enhance your activities as a Rotarian: _____

I hereby certify that if accepted as a member of the Rotary Club of Clarksville, that I as a Rotarian, will exemplify the Object of Rotary in all my daily contacts and will abide by the constitutional documents of Rotary International and the Club. I agree to pay an admission fee and dues in accordance with the by-laws of the club.

Signature: _____ Date: _____

Proposed Member Nominated by: _____

Board Approval on: _____