

Longmont Twin Peaks Sunset Rotary Satellite Membership Application

Please type or print clearly.		
Title (e.g., Mr., Ms., Mrs., Dr., Rev.):	Suffix (e.g., Jr., S	Sr., III.):
First name:	Middle name:	
Last name:		
Gender:		
Birth date (MM/DD/YYYY):		
Anniversary (MM/DD/YYYY):		
Spouse/Partner Name:		
Current company/employer:		
Work Position:		
Business Address:		
Preferred mailing address. Please check one	. .	
BusinessHome		
Street Address:		
City: Sta	te:	Zip Code:
Preferred phone number:	Alternat	te phone number:
E-mail:		
(We send regular announcements and the v	veekly newsletter to	the e-mail address listed above.)
Classification (Occupation):		
Select one: Rotary magazine	<i>Rotary</i> magazine (c	digital)
If a transferring or former Rotarian, previous	us club information:	
Club Name	Dates: From	To
Membership ID#		
Twin Peaks Rotary Satellite Club Sponsors:		
I understand that I am expected to exemplificant constitution and bylaws of this club.	fy the ideals of Rotary	y in my daily contacts and activities and to abide by the
I agree to pay quarterly dues of \$40.		
An additional quarterly Rotary Foundation of	contribution of \$25 or	r more may be made at the member's discretion.
I hereby give permission to the host and the	e satellite club to pub	lish my name and classification, to membership.
Proposed Member's Signature:		
Date:		