

Individual & Family Membership Form



MEMBER INFORMATION	Name:		Date of Birth:
	Home #:	Cell:	On Social Media? Yes <input type="checkbox"/> No <input type="checkbox"/> Circle all that apply: Facebook Instagram Twitter Other:
	Address:		
	City:	State:	Zip Code
	Spouse's Name:	Spouse's Date of Birth:	Anniversary Date:

EMPLOYMENT OR FORMER EMPLOYMENT INFORMATION	Employer:	Occupation / Title:	
	Employer Address:		
	City:	State:	Zip:
	Phone:	E-mail:	Fax:
	Classification: (Financial Planning, Law Enforcement, etc.)		
Currently Employed: <input type="checkbox"/> Retired: <input type="checkbox"/>			

- Rotary Club of Abbeville**
- Rotary Satellite Club of Vermilion After Hours**
- Family Membership (Complete below)**

Meals Charged? (Please circle) Yes or No
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FAMILY MEMBERSHIP INFORMATION	Name:		Relationship:
	Date of Birth:	Home #:	Cell:
	E-mail:		On Social Media? Yes <input type="checkbox"/> No <input type="checkbox"/> Circle all that apply: Facebook Instagram Twitter Other:
	Address:		
	City:	State:	ZIP Code:

SIGNATURE	Signature of Club Member:		Date:
	Name of Sponsoring Rotarian:	Signature of Sponsoring Rotarian:	Date:

BOARD USE ONLY <input type="checkbox"/> Approved by Board <input type="checkbox"/> Approved by Club <input type="checkbox"/> Date entered in DACDB _____
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