

Corporate / Business Membership Form



CORPORATE / BUSINESS NAME	Business / Corporate Name:		Office Number:	
	Business Classification: (Financial Planning, Law Enforcement, etc.)		Office Fax:	
	Business Website:		On Social Media? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Physical Address:		Circle all that apply: Facebook Instagram Twitter	
	Other:			
	City:	State:	ZIP Code:	
Mailing Address: Same As Above: <input type="checkbox"/>				
City:	State:	ZIP Code:		

Meals Charged? (Please circle) Yes or No

PRIMARY MEMBER	Name:		Occupation / Title:	
	Date of Birth:	Home #:	Cell:	On Social Media? Yes <input type="checkbox"/> No <input type="checkbox"/>
	E-mail:			Circle all that apply: Facebook Instagram Twitter
	Other:			
Spouse's Name:		Date of Birth:	Wedding Anniversary:	

1st ALTERNATE MEMBER	Name:		Occupation / Title:	
	Date of Birth:	Home #:	Cell:	On Social Media? Yes <input type="checkbox"/> No <input type="checkbox"/>
	E-mail:			Circle all that apply: Facebook Instagram Twitter
	Other:			
Spouse's Name:		Date of Birth:	Wedding Anniversary:	

2nd ALTERNATE MEMBER	Name:		Occupation / Title:	
	Date of Birth:	Home #:	Cell:	On Social Media? Yes <input type="checkbox"/> No <input type="checkbox"/>
	E-mail:			Circle all that apply: Facebook Instagram Twitter
	Other:			
Spouse's Name:		Date of Birth:	Wedding Anniversary:	

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

BOARD USE ONLY
 Approved by Board
 Approved by Club
 Date entered in DACDB _____