

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	
	City:		State:	ZIP Code:
	Mailing Address: Same As Above: <input type="checkbox"/>		Other:	
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	
	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	
	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	
	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	
<input type="checkbox"/>	Approved by Board
<input type="checkbox"/>	Approved by Club
<input type="checkbox"/>	Date entered in DACDB _____