

MEMBER INFORMATION

Name:		
Date of birth:	Phone:	Cell:
Current address:		
City:	State:	ZIP Code:

EMPLOYMENT OR FORMER EMPLOYMENT INFORMATION

Employer:		
Employer address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Currently Employed: <input type="checkbox"/> Retired: <input type="checkbox"/>		

SPOUSE INFORMATION

Name:	
Date of birth:	Anniversary Date:

SIGNATURES

Signature of Club Member:	Date:
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<input type="checkbox"/> Rotary Club of Abbeville <input type="checkbox"/> Rotary Satellite Club of Vermilion, After Hours <input type="checkbox"/> Couples Membership
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Meals Charged? YES Yes or No (Select One:) NO
