ROTARY CLUB OF PIEDMONT ROTARY MEMBERSHIP APPLICATION

Member:	First Name:	
	Last Name:	
	Birthdate:	
	Gender:	
	Email:	
	Home Phone:	
	Cell Phone:	
	Work Phone:	
	Sponsor 1:	
	Sponsor 2:	
Home Addres	ss: Address:	
	City:	
	State:	
	County:	
	Postal Code:	
Business:	Company:	
	Position:	
	Address:	
	City:	
	State:	
	County:	
	Postal Code:	_
Family:	First Name:	
Spouse/Partner	Last Name:	
	Birthdate:	
	Married: () YES () NO	
	Is Spouse/Partner a Rotarian? OYES ONO	
Previous	Club # Club Name: C	ity:State:
Rotary Club	Club # Club Name: Ci Date Joined: Date Resigned:	
	Club # Club Name: C	ity:State:
	Date Joined:Date Resigned:	·

I understand that it will be my duty, if elected, to exemplify the Object of Rotary in all my daily contacts and activities, and at all times to abide by the constitution and by-laws of the Rotary Club.

I agree to pay the admission fee of \$100 in accordance with the by-laws of the club which includes a yearly subscription to The Rotarian magazine.

Return completed form to any member of the Piedmont Rotary Club or mail to:

Piedmont Rotary Club

For Corporate Applications only, please provide the following information for each Corporate-Associate. You may designate up to four associates.

1.	First Name		_ Last Name		
	Address				
	Home Phone	Cell Phone		Business Phone	
	Gender	Birthdate			
	Email Address				
	Position				
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Ζ.	A delice a se		_ Last Name		
	Address	O - II Di		D i Dl	
	Home Phone	Cell Phone _		Business Phone _	
		Birthdate			
	Email Address				
	Position				
3.	First Name		Last Name		
	Address				
	Home Phone	Cell Phone		Business Phone	
	Gender	Birthdate			
	Email Address				
	Position				
4.	First Name		_Last Name		
	Address				
	Home Phone	Cell Phone _		Business Phone _	
	Gender	Birthdate			
	Email Address				
	Position				