

ROTARY CLUB OF PIEDMONT  
ROTARY MEMBERSHIP APPLICATION

Member: First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Sponsor 1: \_\_\_\_\_  
Sponsor 2: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
County: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Business: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
County: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Family: First Name: \_\_\_\_\_  
Spouse/Partner Last Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Married:           YES           NO  
Is Spouse/Partner a Rotarian?    YES           NO

Return completed form to any member of the Piedmont Rotary Club or mail to:  
Piedmont Rotary Club  
P.O. Box 5  
Piedmont, MO 63957