

**Membership Proposal Form
Poulsbo-NK Rotary Club**



Full Name of Proposed Member:

First: _____ Middle I: ____ Last: _____ Suffix: _____

Gender: Male / Female Date of Birth: _____

Residence Address: _____ City: _____ State: ____ Zip: _____

Mailing Address: _____
(If different from residence address)

Business Phone: _____ Business Email: _____ Chk preferred _____

Cell Phone: _____ Personal Email: _____

Business Name: _____ Type of business: _____

If former Rotarian or Rotarian changing clubs list Rotarian number(if known): _____

If former Rotarian or Rotarian changing clubs,
list previous clubs and dates of membership: _____

Proposed Classification or (job/industry): _____

Name of firm/position in the firm or former firm, if retired): _____

Activities/projects/organizations/volunteer work (current or previous): _____

I authorize the Poulsbo Rotary Club to conduct a background check and publish my name to Club members.

Applicant's Signature

Date

Proposer's Signature

Date

Submit completed form to Membership Committee Chair
Rev: 8/2024