

Warwick Valley Rotary Club Perspective Member Application

PERSONAL			
Name:			
First	Last	Title	
Email:		Date of Birth:/	
Spouse/Partner			
Name: First	Last	Anniversary:	
Home Address:			
Home Phone:		_ Cell Phone:	
PROFESSIONAL			
Company			
Name:			
Company Address:			
Position / Title:		_ WVRC Badge Title:	
Business Phone:		Business Fax:	
Activities which would enhance	e consideration as a Rot	arian:	
Prior Experience with Profession	onal Organizations / Fur	ndraisers:	
Signature of Applicant:		Date:/_	
O BE COMPLETED BY SPONS	OR:		
ponsor Name:			
elationship to Applicant:	How lo	ong have you known Applicant: _	
escribe why you feel Applicant	would be a good additi	on to WVRC:	
OD OFFICIAL LICE.			
OR OFFICIAL USE: ttended 3 meeting minimum re	oquired as quest: Ves N	0	
oard Voted: Yes No Date:	/ / / Ori	entation Completion Date:	1 1
nduction Date://	Entered in CR a	entation Completion Date: nd Attendance Roster:/_ Date:	
adge Ordered Date:/	_/ Reviewed by:	Date:	