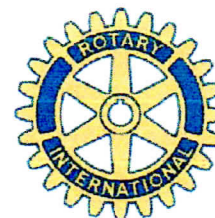




Arlington West Rotary Club



Membership Application

Arlington West Rotary Satellite Club

OFFICIAL INFORMATION

Your name: _____ Nickname/go-by name: _____

Home address: _____

E-mail address(es): _____

Home phone: _____ Cell phone: _____

Occupation: _____ Work phone: _____

Employer name & location: _____

Former Rotarian? N __ Y __ Name of club & membership dates: _____

Name of sponsor, if any: _____

PERSONAL INFORMATION

Birth date: _____ Birth Place: _____

Spouse or partner's name: _____ Anniversary date: _____

List topics on which you would feel comfortable giving a presentation:

Check the service committees that most interest you: __ Club __ Vocational __ Social
__ Community __ International __ Membership/PR __ Fundraising __ New Generations

Any special talents that you could share with the club? _____

Your signature: _____ Date: _____

Please submit this application with a check for \$100.00 (Initiation fee) to the Club Executive Secretary. Welcome!

Going forward you will be billed \$100 quarterly for Rotary International Foundation and District 5790 dues.