

## Membership Application

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Female \_\_\_\_ Male \_\_\_\_

Nickname: \_\_\_\_\_ Suffix: \_\_\_\_\_ (MD, PhD,)

DOB \*\*: \_\_\_\_\_ Anniversary \*\*: \_\_\_\_\_

Preferred Address: \_\_\_\_ Home \_\_\_\_ Business

Spouse/Partner Name: \_\_\_\_\_

Preferred Phone: \_\_\_\_ Home \_\_\_\_ Business \_\_\_\_ Cell

Spouse/Partner DOB \*\*: \_\_\_\_\_

\*\* (DOBs viewed only by Club Executive or higher)

Primary Email \*: \_\_\_\_\_

Alt E-Mail: \_\_\_\_\_

\* (Club emails will be sent to primary email address)

HOME Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Fax: (\_\_\_\_) \_\_\_\_\_

Children: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Interests/Hobbies: \_\_\_\_\_

Work Business Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Work Cell: (\_\_\_\_) \_\_\_\_\_

Web URL: \_\_\_\_\_

Work Fax: (\_\_\_\_) \_\_\_\_\_

Previous Business Affiliations: \_\_\_\_\_

### Civic or Social Affiliations

Previous Rotary Membership? \_\_\_\_ Yes \_\_\_\_ No Date Joined: \_\_\_\_\_

Name & Place: \_\_\_\_\_

Do you know other Rotarians?

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Club Location: \_\_\_\_\_

Club Location: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_

Co-Sponsor Name: \_\_\_\_\_

By signing this application, I acknowledge my interest in joining the Rotary Club of Springfield MA and that I understand the participation and financial requirements as a member of the club.

Applicants Signature: \_\_\_\_\_

SPONSOR & CO-SPONSORS Comments

### Application Approval Section:

Approved by Membership Committee: \_\_\_\_\_

Chairman's Signature

Date

Approved by Board of Directors: \_\_\_\_\_

President's Signature

Date

**(Required Fields)**

**Please send your membership application to Sue Mastroianni  
 at samastro@comcast.net or call her at  
 413-355-4871 with any questions.**