



P.O. Box 505. Slippery Rock, PA 16057  
District 7280  
Membership Application

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Short/Nickname: \_\_\_\_\_

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

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: Home \_\_\_\_\_ Office: \_\_\_\_\_

Work/Vocation \_\_\_\_\_

Position/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth Dale \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Community Interests: \_\_\_\_\_

Reason for becoming a Rotarian: \_\_\_\_\_

I am familiar with the requirements and conditions of membership in Rotary International and would like to become a member of the Rotary Club of Slippery Rock.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsoring Rotarian/s 1. \_\_\_\_\_ 2. \_\_\_\_\_

Application received by \_\_\_\_\_ Date: \_\_\_\_\_

Date Presented to Board: \_\_\_\_\_ Club Membership \_\_\_\_\_ Notification \_\_\_\_\_