



ROTARY MEMBERSHIP REFERRAL FORM-Please return the completed form to your Sponsor.

Candidate's Information: First Name _____ Last Name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ and/or Cell Phone _____ Work Phone _____

Employer _____ Position and Title _____ Vocation Class _____

Work address _____ Email Address _____

Website _____

Rotarian Responsible for referral (Sponsor) _____

If Candidate is a former Rotarian, please list club and date _____

Comments regarding the referral for membership _____