## **Membership Application**





Thank you for your interest in the San Clemente Rotary Club. We require two visits before applying for membership. Please complete this application and bring it to a meeting along with an application fee of \$50.

General Information			
Name:			
Home Address:			
City:	State:	Zip:	Birthdate:
Preferred Telephone:		Email:	
Business Information			
Business/Employer Name:			
Desired Classification (for name b	oadge purposes):		
Business Address:			
City:	State:	Zip:	
Business Telephone:		Fax:	
Personal Information			
Spouse Name:		Anniversary:	
Previous Rotary Club:			
Sponsor or Inviter:			
How did you hear about San Clen			
Some vocational and personal ba	ckground details that will	enhance your activiti	es as a Rotarian:
Why do you want to join?			
I hereby certify that IF accepted a the Object of Rotary in all my dail International and the club. I agree	y contacts and will abide b	y the constitutional of	documents of Rotary
Signature:		Date:	

For any questions or concerns, please reach out to the Membership Director, Mark Kosins, at 949-939-1450, or the Club President Laura Bard, at 206-920-2117 or Gary Stevens, at 949-413-4008.