



Rotary Club of Easton

Membership Proposal/Directory Data Form

Name: _____
First Middle (or initial) Last

Title (e.g. Mr., Mrs., Ms., Dr., Rev.): _____ Suffix (e.g., Jr., Sr., III): _____

Birth Date: _____ Birth Place: _____

Proposed classification (If active) _____

Current (or former) employer and position: _____

Retired? _____

Business address: _____

Bus. Telephone: _____ Bus. Fax: _____

Bus. Email: _____ Bus. Cell: _____

Residence address: _____

Home Telephone: _____ Home Fax: _____

Home Email: _____ Personal Cell: _____

Spouse: _____

Children: _____

Special interests: _____

Community service: _____

If Previous Rotarian, Club: _____ Date: From _____ To _____

Rotarian Offices Held: _____

Rotarian Club Service: _____

Preferred contact:

Address	Business <input type="checkbox"/>	Residence <input type="checkbox"/>
Telephone	Business <input type="checkbox"/>	Residence <input type="checkbox"/>
Email	Business <input type="checkbox"/>	Residence <input type="checkbox"/>

Rotarian Sponsor signature

Date: _____

(over)