



The Rotary Club of Brunswick

Information Form

Date: _____ E-mail: _____

Name: _____
Last Name First Name MI Sr. Jr. Dr. etc.

Address (Home): _____
Street Apt. City State Zip
(_____) _____ (_____) _____
Home Phone Cell Phone

Employer Name: _____

Address: _____
Street Apt. City State Zip
(_____) _____ (_____) _____
Office Phone Other Phone

Have you been a Rotarian in the past?

NO _____ If Yes: _____
Club Name District

Dates of Membership

Offices and Committees Held

Why do you wish to join the Rotary Club of Brunswick?

What volunteer organizations have you been an active member?

What areas of service are you interested?

- | | |
|---|---|
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Public Relations/Marketing |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Governance | _____ |
| <input type="checkbox"/> Membership Connector | _____ |
| <input type="checkbox"/> Fundraising | _____ |

Signature: _____ Date: _____