

Membership Application Form

To be completed by the prospective Rotarian.

Proposal for Membership of Rotary Club of La Crosse, Wisconsin

Full Name: _____

Home Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Business / Employer: _____ Position / Title: _____

Business Address: _____

Personal Email: _____

Work Email: _____

Date of Birth: _____ Preferred Pronouns: _____

Partner's Name (Optional): _____ Anniversary (Optional): _____

Children's Names (Optional): _____

Proposed Classification: _____

Preferred email for club correspondence: _____ Work _____ Personal

Preferred email for billing correspondence: _____ Work _____ Personal

Some vocational and personal background details that will enhance your activities as a Rotarian:



I hereby certify that if accepted to Membership of the Rotary Club of La Crosse that I as a Rotarian will exemplify the Object of Rotary in all my daily contacts and will abide by the constitutional documents of Rotary International and the club. I agree to pay an admission fee and dues in accordance with the bylaws of the club.

Signature: _____ Date: _____

Proposed Member Nominated by: _____

Board Approval On: _____

Please submit this completed Membership Application Form to rotary@rotarycluboflacrosse.org.