

Rotary Club of Framingham

Application to be completed by all proposed for membership and returned to the Club Secretary

PERSONAL:				
Title: First	Name:	Middle Name:_	Las	t Name
Preferred Name:(call n		(call name/nick name)	Birth Dat	te:
HOME ADDR	RESS:			
Street:			Phone Number:	
City/Town:			Cell Phone Number:	
State:	ate: Zip Code:		E-Mail:	
EDUCATION	LEVEL: (Degr	ees/Diploma/Certificate)		
Name of School	ol:		Degree:	
		· · · · · · · · · · · · · · · · · · ·	Degree:	
			Degree:	
LANGUAGE	S (Other than E			Vrite: Vrite:
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COMPANION: First Name:			Birth Date:	
	Last Name:			
	Married: Yes	No (Please Circle)	Anniversary Date:	
CHILDREN:		Name	Gender (M/F)	Birth Date
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BUSINESS:					
Company Name:					
Job Title:					
Responsibilities:_					
					
Business Locatio	n:				
Street:		P.O.Box No			
City:		State: Zip Code:			
Web Site:		E-Mail:			
Phone Number:_	Fax Number:				
	(Please check/circle your pr	referred mailing address and E-Mail)			
	(If needed use reverse	side for additional information)			
PRIOR ROTAR	Y CLUB MEMBER:				
Name:					
	District No:				
Date: From	Date Resigned				
CLUB: (To be fille	ed out by Sponsor and Member of E	Executive Committee)			
Sponsor:					
		RI No:			
Member Type:		_ Attendance Type:			
Membership Date					

2 June 2013