Rotary Club of New Bern
Membership Application
Potential members are asked to complete the following information. Items in bold are required.

MEMBER INFO	
Title:	
First Name:	
MI:	
Last Name:	
Suffix:	
Preferred Name:	
Birthdate:	
Gender:	
Email:	
Home Phone:	
Cell Phone:	
Sponsor:	
HOME ADDRESS	
Address 1:	
Address 2:	
City:	
State:	
Zip:	
BUSINESS INFO	
Company:	
Position/Title:	
Phone:	
Address 1:	
Address 2:	
City:	
State:	
Zip:	
Preferred Address:	HOME BUSINESS
SPOUSE/PARTNER INFORMATION	
First Name:	
Last Name:	
Anniversary:	
PREVIOUS ROTARY CLLUBS	
Rotary ID Number:	
Club Name:	
City/State:	
Date Joined:	
Date Resigned:	
Club Name:	
City/State:	
Date Joined:	
Date Resigned:	
Signature:	

For Club Use Only

Induction Date: _____   Rotary 101 (Y/N): _____   Badge Ordered (Y/N): _____   Committee (Y/N): _____

Photo Taken (Y/N): _____   First Invoice Sent (Y/N): _____   Info Entered Into DacDB (Y/N): _____