



Richmond Rotary Club

Membership Inquiry of Interest to Join - Form

I would like to apply for Membership in the Richmond Rotary Club.

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

Family Name: _____

First Name: _____ Middle Name: _____

Current (or former) firm and position: _____

Telephone: (including country/city or area codes) _____ Fax: (including country/city or area codes) _____

Residence: _____

Business: _____

Cellular / Other: _____

Preferred e-mail address: __Residence __Business _____

Membership type (check one) __Active __Honorary

If active, proposed Classification (e.g. banker, realtor, attorney; sales, retail): _____

If a transferring or former Rotarian, list previous club information:

Name: _____ Name: _____

Dates: From: _____ To: _____ Dates: From: _____ To: _____

Recent transfer (one year or less): __ Yes __ No

If an RI program participant or Foundation alumnus/a, list program(s) and date(s):

Activities that would enhance consideration as a Rotarian:

Applicant's Signature: _____ Date: _____

Send to: The Executive Secretary / Treasurer:
Phone: (765) 847-5157
Email: contact@richmondrotaryclub.com

Richmond Rotary Club
P.O. Box 742
Richmond, IN 47375