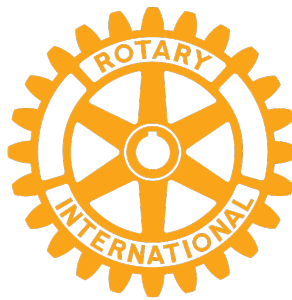


Waukesha Sunrise  
**Rotary**  
Club



**PO Box 362 Waukesha, WI 53187**  
**Membership Application Form**

**Name:** \_\_\_\_\_  
First Initial Last

**Home Address:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

(Last) Business/Employer \_\_\_\_\_ Retired

Position or Title \_\_\_\_\_

**Business Address:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Preferences**

**Phone:**  Home  Business  Cell – **Email:**  Home  Business – **Billing Address:**  Home  Business

**Date of Birth:** \_\_\_\_\_

Partner/Spouse Name: \_\_\_\_\_

Previous Rotary Club: \_\_\_\_\_

Activities that would enhance consideration \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return to above address or e-mail to [newmember@waukesha-sunrise-rotary.org](mailto:newmember@waukesha-sunrise-rotary.org)