

Waukesha Sunrise
Rotary
Club



1915 MacArthur Rd - Suite 4A - Waukesha, WI 53188
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:** _____

Waukesha Sunrise Rotary Club Sponsor Name: _____

Return to above address or e-mail to newmember@waukesha-sunrise-rotary.org