



ROTARY CLUB OF  
SILVER SPRING  
M A R Y L A N D

Rotary Club of Silver Spring, Maryland  
Membership Application Form

Name: \_\_\_\_\_ Title (Mr., Ms., Dr., etc.): \_\_\_\_\_  
Nickname (how you prefer to be addressed): \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_

Residence Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Employer/Business Name: \_\_\_\_\_  
Occupation/Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

My preferred mailing address is: ( ) Residence ( ) Business

Spouse's Name: \_\_\_\_\_ Anniversary: \_\_\_/\_\_\_/\_\_\_  
Children (Names & Ages): \_\_\_\_\_  
\_\_\_\_\_

Education: \_\_\_\_\_  
\_\_\_\_\_

Professional Societies: \_\_\_\_\_  
\_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_  
\_\_\_\_\_

Present or prior membership & responsibilities in other civic organizations (please give organization name, any positions held, and dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been a member of Rotary? ( ) Yes ( ) No  
If yes, please provide information about your prior membership(s), including club name, location, dates and position(s) held: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Rotary sponsor's name: \_\_\_\_\_

**Please return this form to Sponsor, bring to a club meeting or mail to:  
Rotary Club of Silver Spring, P.O. Box 7310, Silver Spring, MD 20907-7310**