



Southwest Pacific County Peninsula Rotary Club *Membership Application*

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Occupation: _____

Spouse: _____

Birthday: _____ Anniversary: _____

Hobbies and Interests: _____

Reason(s) for wanting to join Rotary: _____

_____ I have read and understand the financial and other obligations of membership.

_____ I have attached a check for my dues and remaining meals (if applicable) for the quarter (\$_____)

Signed (Potential Member) _____ Date _____

Signed (Sponsor) _____ Date _____

Membership orientation visit schedule for _____ Club Handbook reviewed _____

Club Service Project _____ Committee _____

Approved by Board (president's signature) _____ Date _____

Classification: _____ Induction Date: _____

PO Box 606 Seaview, WA 98644
SW Pacific County Peninsula Rotary meets Tuesday mornings, 7:30 am, at the 42nd Street Café in Seaview.
Satellite Club meets Tuesday evenings, 5:15 p.m., at the Shelburne Inn in Seaview
Contact Lynn Raymer for more information: 360.665.2685 or liraymer@hotmail.com