



ROTARY CLUB OF CRESTED BUTTE

Application For Membership

Name _____

Home Address / P. O. Box _____

Town _____ *State* _____ *Zip Code* _____

Home Phone _____ *Office Phone* _____

Cell Phone _____ *Email* _____

Birth Month and Day _____

Business / Occupation _____

Spouse / Partner Name (optional) _____

Brief Personal Biography _____

Areas of Expertise _____

Areas of Interest/Hobbies/Activities _____

Community Volunteer Activities (if any) _____

Name of Former Rotary Club and ID (if any) _____

Signature _____ *Date* _____

P. O. Box 422, Crested Butte, CO 81224

SERVICE Above Self