

New Member Application – Champaign West Rotary Club

Date Submitted: _____

Name: _____

Sponsor: _____

Professional Information

Current Position: _____

Years with firm: _____

Responsibilities: _____

Business Name: _____

Business Address: _____

Business Phone: _____

Business FAX: _____

e-mail: _____

Nature of Business: _____

Education: _____

Personal Information

Address: _____

Mailing Address: _____

Birthdate: _____

Spouse: _____

Home Phone: _____

Cell Phone: _____

Community since: _____

Family: _____

Past Community
Service: _____

Hobbies: _____

Past Rotary Clubs: _____

Other Service Clubs: _____

Ability to attend: _____

Why do you want to
join Champaign
West Rotary?

For Official CWR Use Only

Classification: _____

Board Approval Date: _____

7-Day Notice Approval: _____

Mentor assigned: _____

Orientation Completed on: _____

Brought into Membership: _____