



Beaufort Ole Towne Rotary

Membership Application

Date _____

Name _____ **Nickname** _____

Date of Birth _____

Home Address _____

Billing Address (if different) _____

Home Phone _____ **Office** _____ **Cell** _____

E-Mail Address _____

Occupation: _____

Spouse's Name: _____

BOTR Sponsor _____

Prior Rotary Affiliation _____ **District** _____

Offices held at Club _____ **District** _____

Why do you want to join BOTR?