

# Rotary Membership Application

## GENERAL INFORMATION

Applicant's full name: \_\_\_\_\_  
Nickname (if any): \_\_\_\_\_  
Name of applicant's firm/company/organization: \_\_\_\_\_  
Position of applicant in firm: \_\_\_\_\_  
Applicant's business mailing address: \_\_\_\_\_  
\_\_\_\_\_  
Applicant's business phone: (\_\_\_\_\_) \_\_\_\_\_ Applicant's business FAX: (\_\_\_\_\_) \_\_\_\_\_  
Applicant's business e-mail: \_\_\_\_\_ Applicant's home e-mail: \_\_\_\_\_  
Describe the type of business in which your firm engages: \_\_\_\_\_  
What is applicant's primary responsibility in the firm? \_\_\_\_\_

## FOR THE SPONSOR ONLY

How long, how well, and in what context have you known the applicant? \_\_\_\_\_  
Do you consider the applicant to be outstanding in his or her profession? \_\_\_\_\_  
Recommended Classification for the applicant: \_\_\_\_\_  
Have you advised the applicant that membership will require: *(please check each box)*  
 payment of the Initiation Fee of \$150  
 payment of Membership Dues  
 reasonable attendance at weekly Rotary luncheons (60%)  
 a narrative biography for introductions  
Have you advised the applicant that an annual contribution to the Community Service Fund will be requested?  
 Yes  No  
On which committee would the applicant best serve or wish to join? \_\_\_\_\_  
Please provide the names of two members who second your proposal:  
(1) \_\_\_\_\_  
(2) \_\_\_\_\_  
Sponsor: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## FOR THE APPLICANT ONLY

Your residence address: \_\_\_\_\_  
Your residence phone: (\_\_\_\_\_) \_\_\_\_\_  
Your date of birth: \_\_\_\_\_  
City/State of birth: \_\_\_\_\_  
To what professional organizations do you belong?  
\_\_\_\_\_  
To what civic organizations do you belong? \_\_\_\_\_  
To what social organizations do you belong? \_\_\_\_\_  
Which charitable organizations command most of your time? \_\_\_\_\_  
Are you married? \_\_\_\_\_ Spouse's name: \_\_\_\_\_  
No. of children: \_\_\_\_\_ Names and date of birth: \_\_\_\_\_  
College affiliation: \_\_\_\_\_  
Undergraduate degrees: \_\_\_\_\_  
Graduate degrees: \_\_\_\_\_  
Military service/rank: \_\_\_\_\_  
Hobbies, sports, or games enjoyed: \_\_\_\_\_  
Public offices held: \_\_\_\_\_  
Foreign languages spoken: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_