



River Bend Rotary Application for Membership

Name _____ Birthday _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Home email _____

Business Address _____

City _____ State _____ Zip Code _____

Office Phone _____ Office Fax _____

Office Email Address _____

Type of Membership Active _____ Honorary _____

Former Rotarian Yes _____ No _____

If Yes, Name of Club _____

Proposed Classification _____

I hereby certify that I am qualified for membership both by my current/former executive position and by having a place of business or residence within the club's locality or surrounding area.

I understand that it will be my duty, if elected, to exemplify the Object of Rotary in my daily contacts and activities and to abide by the constitutional documents of Rotary International and the club. I agree to pay an admission fee* of \$25.00 and the annual dues of \$250.00 (\$125 in July and \$125 in January) in accordance with the bylaws of the club. I hereby give my permission to the club to publish my name and proposed classification to its membership.

* Not applicable to transferring or former members of another club.

Signature: _____ Date: _____

For Club Use Only:

Acceptance Date: _____ Sponsor: _____