

ROTARY CLUB OF LOCKPORT
MEMBERSHIP APPLICATION AND CONTACT INFORMATION

NAME _____ NICKNAME _____

HOME ADDRESS: _____

PREFERRED PHONE: _____

OCCUPATION: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

PREFERRED EMAIL: _____

BIRTHDAY: _____

SPOUSE/PARTNER NAME: _____

PAST MEMBER OF A ROTARY CLUB? _____

ROTARY INTERNATIONAL MEMBER #: _____

PLEASE BRIEFLY STATE WHY YOU WOULD LIKE TO BE A MEMBER OF ROTARY:

(please use reverse side for additional space if necessary)

I acknowledge that my Sponsor has discussed with me the expected duties and responsibilities of Membership in the Rotary Club of Lockport. I further understand that my name is being proposed for membership by a current member and I will be considered by the full Membership. If my membership is approved by the Club, I agree to abide by the Constitution of Rotary International and the by-laws of the Rotary Club of Lockport.

Proposed Member's Signature

TO BE COMPLETED BY SPONSOR:

Proposed Member Name: _____

Sponsor's Name: _____

I hereby propose said individual for Membership in the Rotary Club of Lockport. I have discussed the duties and responsibilities of membership with them. I will provide the Club's Secretary with the Application and hereby request that the full Membership consider said proposal.

Sponsor's Signature

TO BE COMPLETED BY CLUB SECRETARY:

Date Application Received: _____

Proposed Classification: _____

Active or Honorary Membership? _____

Date Submitted to Membership Chair: _____

Date Approved for Membership: _____

Date Badge Ordered: _____

Date Inducted: _____

Date Submitted To RI: _____

RI Membership Number Assigned # _____

Date Form Distributed to:

President _____

President-elect _____

Treasurer _____

Assistant Treasurer _____

Spokes Editor _____

Secretary _____

Website Chair _____

Orientation Chair _____

Assistant Secretary _____

Date 8-Step Initiation Completed: _____