

Family Membership Application

Fargo-Moorhead AM
Rotary
Club



Date: ___ / ___ / _____

Proposed Member Name: _____ Sponsor: _____
First Last MI

Nickname: _____ Preferred Name on Badge: _____ Birth Date: ___ / ___ / _____

Primary Email Address: _____ Alternate Email: _____

Cell Phone*: _____ Business Phone: _____ Home Phone: _____

*You will receive weekly messages informing you of Thursday morning meeting guest speakers and other important Rotary announcements.

Home Address: _____
Street City ST Zip Code

Company Name: _____ Your Title: _____

Business Classification: _____ Send mail to: Office Home Email

Business Address: _____
Street City ST Zip Code

Previous Rotary Member? No Yes If yes, when? ___ / ___ / _____ Where? _____

Paul Harris Fellow? No Yes Reference Name: _____ Phone: _____

Proposed Spouse Name: _____ Wedding Anniversary ___ / ___ / _____
First Last MI

Nickname: _____ Preferred Name on Badge: _____ Birth Date: ___ / ___ / _____

Primary Email Address: _____ Alternate Email: _____

Cell Phone*: _____ Business Phone: _____ Home Phone: _____

*You will receive weekly messages informing you of Thursday morning meeting guest speakers and other important Rotary announcements.

Child (1) Member Name: _____ Birth Date: ___ / ___ / _____

Child (2) Member Name: _____ Birth Date: ___ / ___ / _____
First Last MI First Last MI

Please provide a brief biography:

Please submit this completed form and a \$35 check payable to FM-AM Rotary to:

FM-AM Rotary Club

PO Box 9359

Fargo, ND 58106-9359

Form may also be submitted electronically to treasurer@fmamrotary.com

Statement to be signed by proposed member:

I hereby certify that I am qualified for membership both by the current/former position and by having a place of business or residence within the club's territorial limits, adjoining territory, or the same city in which the club is located. If elected, I understand it is my duty to abide by the constitutional documents of Rotary International and the club. I agree to pay an admission fee of \$35 and quarterly dues of \$175 in accordance with the bylaws of the club. I hereby give permission to the club to publish my name and proposed classification to its membership.

Proposed Member's Signature: _____