

Individual Membership Application



Date: ___ / ___ / _____

Individual Application Fee: \$35

Please submit this completed form and check payable to FM-AM Rotary
FM-AM Rotary Club
PO Box 9359
Fargo, ND 58106-9359

This form may be submitted electronically to
treasurer@fmamrotary.com

Primary Proposed Member Name: _____
First Last MI

Nickname: _____ Preferred Name on Badge: _____

Sponsor Name: _____ Proposed Birth Date: ___ / ___ / ___

Spouse Name: _____ Wedding Anniversary: ___ / ___ / ___

Primary Email Address: _____ Alternate Email: _____

Cell Phone*: (___) ___ - ___ Business: (___) ___ - ___ Home: (___) ___ - ___

*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

Your Job Title: _____ Send mail to: Office Home Email

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

Paul Harris Fellow? No Yes Reference Name: _____ Phone: (___) ___ - ___

Please provide a brief biography:

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: _____