



# Rotary Club of Ankeny

## Application for Corporate Membership

We apply for corporate membership in the Rotary Club of Ankeny and authorize our consideration by the Board of Directors. If approved, we authorize publication of our organization's name and representing officers and classification in the Rotary club's newsletter for consideration by the club membership. We agree to abide by the requirements of membership and to pay the initiation fee and quarterly dues promptly.

This "Application for Corporate Membership" is to be completed and submitted to the club secretary for submission to the Club's board of directors. Upon approval by the Board the proposed member's name, all Designees, and classification will be published in the club's newsletter. After a minimum of seven days, if there are no objections filed by any club members, the secretary will notify the Primary Designee of the approval and arrange for induction into the club.

**Company or Firm Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Website Address:** \_\_\_\_\_

**Primary Designee:** \_\_\_\_\_ **Title:** \_\_\_\_\_ Gender: M F

Business Phone: \_\_\_\_\_ Spouse/Partner's Name: \_\_\_\_\_

Business Email: \_\_\_\_\_ Anniversary Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ City: \_\_\_\_\_

Home Email: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthday: \_\_\_\_\_ Former Rotarian: Yes No

If former Rotarian, list club(s), date(s) and offices held: \_\_\_\_\_

\_\_\_\_\_ Rotary Member No.: \_\_\_\_\_

**Secondary Designee:** \_\_\_\_\_ **Title:** \_\_\_\_\_ Gender: M F

Business Phone: \_\_\_\_\_ Spouse/Partner's Name: \_\_\_\_\_

Business Email: \_\_\_\_\_ Anniversary Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ City: \_\_\_\_\_

Home Email: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthday: \_\_\_\_\_ Former Rotarian: Yes No

If former Rotarian, list club(s), date(s) and offices held: \_\_\_\_\_

\_\_\_\_\_ Rotary Member No.: \_\_\_\_\_

**Secondary Designee:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Gender:** M F

Business Phone: \_\_\_\_\_ Spouse/Partner's Name: \_\_\_\_\_  
 Business Email: \_\_\_\_\_ Anniversary Date: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ City: \_\_\_\_\_  
 Home Email: \_\_\_\_\_ Sate: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Birthday: \_\_\_\_\_ Former Rotarian: Yes No

If former Rotarian, list club(s), date(s) and offices held: \_\_\_\_\_

\_\_\_\_\_ Rotary Member No.: \_\_\_\_\_

**Secondary Designee:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Gender:** M F

Business Phone: \_\_\_\_\_ Spouse/Partner's Name: \_\_\_\_\_  
 Business Email: \_\_\_\_\_ Anniversary Date: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ City: \_\_\_\_\_  
 Home Email: \_\_\_\_\_ Sate: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Birthday: \_\_\_\_\_ Former Rotarian: Yes No

If former Rotarian, list club(s), date(s) and offices held: \_\_\_\_\_

\_\_\_\_\_ Rotary Member No.: \_\_\_\_\_

**Statement to be signed for the Company by each Designee after Board Approved:**

I understand that it will be our duty to exemplify the "Object of Rotary" in all our daily contacts and activities and to abide by the constitutional documents of Rotary International and the Rotary Club of Ankeny. The Company agrees to pay quarterly dues of \$250.00 and an admission fee of \$30.00 for each Designee, unless a former Rotarians, and each Designee agrees to contribute a minimum of \$5.00 per quarter to the Rotary Foundation. I hereby give permission to the club to publish our names and proposed classification to its membership.

**Primary Designee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Secondary Designee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Secondary Designee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Secondary Designee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Proposer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date of Board Approval: \_\_\_\_\_ Classification: \_\_\_\_\_

Date of Induction: \_\_\_\_\_