

Rotary Club of Surprise: Service Above Self
Membership Profile Sheet

Name: _____

Email: _____

Business: _____

Address: _____

Work Number: _____ Cell Number: _____

Position: _____ Years: _____

Principle Activity at Job: _____

Business Website: _____

If Retired, please share work history: _____

Primary Residential Address: _____

Birthday: _____ Military Service: _____

Are you a former Rotarian? Club/Dates: _____

Sponsor: _____

Application Date Received: _____

Induction Date: _____

What area of Rotary interests you the most? Please check the two that interest you the most:

Community Service: _____ Social: _____ Fundraising:* _____ Membership: _____

Please note: Each interested member will be assigned to a committee, which can meet by e-mailed conversations in a group format. If we are to have a thriving club, we need to commit to helping on one of the designated groups. Of course, we can expand the list and/or change it to fit our club's needs. The officers of the club will e-mail the assigned groups after tallying interest.

* Taste of Surprise and Golf Tournament are "All Hands on Deck" events

Rotary Club of Surprise: Service Above Self

Applicant Certification

I understand that it will be my duty, if elected, to exemplify the Object of Rotary in all my daily contacts and activities, and abide by the constitution, bylaws and policies of the Rotary Club of Surprise, as they may be amended from time to time.

I understand that my initial membership fee will be applied as follows:

Initiation Fee:\$ 25.00

<u>Type of Membership</u>	<u>Individual</u>	<u>Household Couples*</u>	<u>Corporate</u>
<u>Semi-Annual Membership Dues:</u>	<u>\$100</u>	<u>\$80</u>	<u>\$200</u>
<u>Total</u>	<u>\$125</u>	<u>\$105</u>	<u>\$225</u>

I further agree to pay when due, all dues and other funds in accordance with the Bylaws and policies of the Rotary Club of Surprise.

I hereby give permission to the Rotary Club of Surprise to publish my name and proposed classification via whatsoever method designated by the Board of Directors.

Applicant's Name (print): _____

Applicant's Signature: _____

* Secondary member only

Official Use Only

Payment Received On:

E.D. Initials:

Date Published:

Induction Date: _____