



MEMBERSHIP APPLICATION

PO Box 755, Hampton Bays NY 11946

hamptonbaysrotary@gmail.com

www.rotaryclubofhamptonbays.org

NAME				
HOME ADDRESS				
TOWN		NY	ZIP	
CELLPHONE		BIRTH DATE		
EMAIL				
Spouse/Partner Name		Anniversary		
Business/Employer				
Business Address				
Position/Title				

Please tell us the reasons you want to join Rotary:

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I hereby certify that if welcomed to membership in the Rotary Club of Hampton Bays, that I as a Rotarian will exemplify the Object of Rotary in all my daily contacts and will abide by the constitution of Rotary International and the Constitution and Bylaws of the Rotary Club of Hampton Bays. I agree to pay dues, attend meetings, and participate fully in the activities of the Rotary Club of Hampton Bays.

Signature:	Date	
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SPONSOR AND CLUB INFORMATION SECTION:

Name of Sponsoring Rotarian	
Has this prospect participated in any Rotary programs like student exchange, RYLA, Rotary Scholarship winner or other? ☐ YES ☐ NO	
If yes, please provide details	

Please provide your recommendation for this prospect:

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I hereby certify that should my proposed prospect be accepted, that I will mentor them and encourage their full participation in all activities of the Rotary Club of Hampton Bays.

Signature:
