

Membership Application

PO Box 755, Hampton Bays NY 11946

PO BOX	(755, Halliptoli bays NT 11540				
Name					
Home Address					
Town, City, Zip					
Home Phone			Cell #		
Email			Birth Date		
Spouse/Partner			Anniversary		
Business/ Employer					
Address					
Business Phone		Positio	n/Title:		
Vocational and pe	rsonal background details that wo	uld enha	ance your activi	ities as a Rotari	an:
I hereby certify that if accepted to membership of 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 constitutional documents of Rotary International and					
the club. I agree to pay dues and attend meetings in accordance with the bylaws of the Club.					
Signature				Date	
To be completed by sponsoring Rotarian:					
Classification			Check One:	Active	_ Honorary
If transferring or f Club Name	ormer Rotarian, list previous Club i	informat	tion: From Date:		To Date:
Club Name			From Date:		To Date:
	am Participant or Alumni?		T		
Type:			From Date:		To Date:
Proposer Name			Signature		
To be completed by Rotary Club of Hampton Bays Board of Directors:					
Board Approval:			Date:		
Notes					