



Rotary

Club of Miamisburg, OH



P.O. Box 1666, Miamisburg, OH 45343 www.miamisburgrotary.org

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Membership Proposal Form

I propose, for membership in the Miamisburg Rotary Club:

Title _____ Full Name (First, Middle and Last Name) _____ Call / Nickname _____ Birthday dd/mm/yyyy _____

Spouse / Partner Full Name _____ Call / Nickname _____ Birthday dd/mm/yyyy _____ Anniversary dd/mm/yyyy _____

CURRENT EMPLOYER / COMPANY NAME: _____

ADDRESS, CITY, STATE, ZIP: _____

YOUR POSITION / TITLE: _____

HOME ADDRESS, CITY, STATE, ZIP:

TELEPHONE: HOME: _____

WORK: _____ CELL: _____

FAX: _____ HOME WORK (CIRCLE ONE)

EMAIL: HOME: _____

WORK: _____

IF TRANSFERRING OR FORMER ROTARIAN, PLEASE PROVIDE INFORMATION ON YOUR FORMER CLUB:

CLUB NAME: _____ CLUB NUMBER / DISTRICT: _____ / _____ MEMBER NUMBER: _____ DATES (FROM/TO): _____

OFFICES HELD (IF ANY): _____ MEMBER OF YOUR PAST CLUB WITHIN THE LAST YEAR? YES NO

IF AN RI PROGRAM PARTICIPANT OR FOUNDATION ALUMNUS, LIST PROGRAM(S) AND DATES: _____ PAUL HARRIS FELLOW? YES NO

SPONSOR:

IN PROPOSING THE ABOVE PROSPECTIVE ROTARIAN FOR MEMBERSHIP IN THE MIAMISBURG ROTARY CLUB, I BELIEVE HE / SHE IS QUALIFIED FOR MEMBERSHIP. I HAVE PROVIDED AND EXPLAINED THE PERTINENT INFORMATION WITH REGARD TO ATTENDANCE AND FINANCIAL EXPECTATIONS OF ROTARY INTERNATIONAL AND THE MIAMISBURG ROTARY CLUB.

SPONSOR SIGNATURE

DATE

PROSPECTIVE ROTARIAN:

I HAVE BEEN PROVIDED A COPY OF AND UNDERSTAND THE ATTENDANCE AND FINANCIAL EXPECTATIONS FOR MEMBERSHIP IN ROTARY INTERNATIONAL AND THE MIAMISBURG ROTARY CLUB AS DESCRIBED IN THE MIAMISBURG ROTARY CLUB PROSPECTIVE MEMBER INFORMATION SHEET. I HEREBY REQUEST CONSIDERATION FOR MEMBERSHIP IN THE MIAMISBURG ROTARY CLUB.

PROSPECTIVE MEMBER SIGNATURE

DATE

CLUB SECRETARY ACTIONS: Presented to Board: _____ Vote: Yea Nay

Classification: _____ Cog Log Date: _____

Badge Ordered: _____ Received: _____

Entered Club Website: _____ RI Website: _____ District: _____

Member Number: _____ Installed: _____

Member Login: _____ Member Password: _____

Installation Fee / Dues: _____ Paid Amount / Date: _____

Meals Amount Due: _____ Paid Amount / Date: _____