

Rotary Club of Bonners Ferry Family Membership Application

We apply for family membership in the Rotary Club of Bonners Ferry and authorize our consideration by the Board of Directors. If approved, we authorize publication of our names and family members in the Bonners Ferry Rotary Club's newsletter for consideration by the club membership. We agree to abide by the requirements of membership. Primary Family Member will receive the bill for all members and agrees pay the invoice promptly upon acceptance. If a family member moves away or information changes on the Family Account, it is the responsibility of the Primary Family Member to inform the club and withdraw/apply for Additional Family Members.

art 1x (to be completed by p	oposer of applicant and returned to the club secretary)	
Company or Firm Name:		
Business Address:		
City/State/Zip:	Website Address:	
Primary Family Member	· · · · · · · · · · · · · · · · · · ·	
	Title:	
	Spouse Name:	
Business Phone:	Fax: E-mail:	
Home Address:		
Home City/State/Zip:	Home Phone:	
Home E-mail:	Alma Mater:	
Date of birth: M D	Y Anniversary M D Y	
I hereby certify that I am qualifie	oposed member after board approval) for active membership by my current or former status as a business, pro ary Foundation alumnus/a, and by having a place of business or residen area.	
contacts and activities and to abi	nembership, it will be my duty to exemplify the Object of Rotary in all e by the constitutional documents of Rotary International and the club. By the club and to pay annual dues in accordance with the club bylaws. Soublish my name and proposed classification, if applicable, to its member	I agree to
Signature	 Date	

Please fill out one form for each corporate member applicant.

$Part \ C \ (\text{to be completed by a Club Officer})$

Classification:		
If member is a former Rotarian, provide previous club and district	et information:	
Club Name:	District number:	
Club ID number*:	Dates: to	from
Rotary membership ID number*:		
*if unsure of number, contact your Club and District Support representative. Find	contact information at ww	w.rotary.org.
If an RI program participant or Foundation alumnus/a, program(s	s) and date(s):	
Mentor assigned to assist with orientation:		
Rotary Magazine Subscription: The Rotarian Rotar	y regional magazine	

Action on Proposal	Date
Received by Secretary:	
Former Rotary Club contacted (if for	mer Rotarian):
In good standing	_ Not in good standing
Submitted to membership committee	·
Committee decision received:	
Approved	_ Disapproved
Submitted to board:	
Board decision received:	
Approved	_ Disapproved
Proposed to club:	
(if any objection has been filed, the b	oard should address the issue a
its next meeting.)	
Signed form received from proposed:	
Admitted to membership:	
Entered into Member Access:	