

New Member Application



Applicant First Name: _____

Applicant Middle Name: _____

Applicant Last Name: _____

Suffix: _____ Professional Title: _____

Shirt Size: _____ Gender: Male _____ Female _____

Membership Type (Check only one):

Standard Rotary Membership _____

Not for Profit Membership _____

Corporate Membership _____ (complete a 2nd app for 2nd member)

Family Membership _____ (Spouse, Early Career, Retiree, or First Responder/Teacher whose organizations do not provide payment of community organization dues)

Home Address:

Street: _____

City: _____, TX _____ zip

Business Address (if applicable):

Business Name: _____

Street Address: _____

City: _____, TX _____ zip

Position Title: _____

Vocational Skill: _____

Home Phone: (____) ____ - ____

Cell Phone: (____) ____ - ____

Business Phone: (____) ____ - ____

Personal e-mail address: _____@_____

Work e-mail address: _____@_____

Preferred e-mail: Personal _____ Work _____

Preferred Contact Method (check one):

____ Home Phone ____ e-mail ____ FB Messaging

____ Cell Phone ____ text ____ Snapchat

____ Business Phone ____ US Mail ____ other

Preferred being the method you will respond quickest

How long have you lived in area? ____ years ____ months

Other community organizations you may belong to (include other clubs, boards, churches etc.):

Are you a former Rotary Member? _____yes _____no

If yes, Name of Rotary Club: _____

Your Rotary Member ID: _____

Spouse and Children (if applicable) names:

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Proposed Classification: _____

I _____ (print name) hereby certify that I am personally and actively engaged in the business or profession or activity covered by the classification that has been proposed for me.

I understand that if selected to join, my duty will be to comply with the Objectives of Rotary in my daily contacts and activities and to abide by the constitution and by-laws of the club.

I agree to pay the application fee for \$35.00 and club dues of \$500 for corporate membership, \$189/qtr for standard membership, \$120/qtr for not-for-profit membership or \$89/qtr for family membership option. I also give permission for the club to publish my name and proposed classification.

Print Applicant Name: _____

Applicant Signature: _____ Date: _____

Proposing Rotarian Signature: _____ Date: _____

Club Secretary Signature: _____ Date: _____

Club President Signature: _____ Date: _____