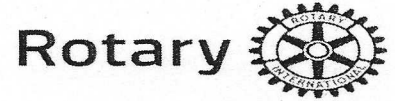


Rotary Club of Great Falls Membership Application



Please return completed application and background check form to your sponsor, the registration table at the weekly meetings, or mail to PO Box 1551, Great Falls, MT 59403

Membership Type: Noon Evening
Spouse/Partner Both

Primary Member

First Name _____ Middle Initial _____ Last Name _____ Suffix _____
DOB _____

Please let us know what your preferences are for the following forms of communications:

Preferred Mailing Address: Home Business
Preferred Email Address: Home Business
Preferred Phone #: Home Business Cell

Business Name: _____ Position/Title _____
Address: _____ City _____ MT Zip _____
Business Phone # _____ Email _____
Home Address _____ City _____ MT Zip _____
Home Phone # _____ Cell # _____ Home Email _____

Are you a current or former Rotarian? Y N If Yes - club name and when: _____

Spouse/Partner Member

First Name _____ Middle Initial _____ Last Name _____ Suffix _____
DOB _____

Business Name: _____ Position/Title _____
Address: _____ City _____ MT Zip _____
Business Phone # _____ Email _____

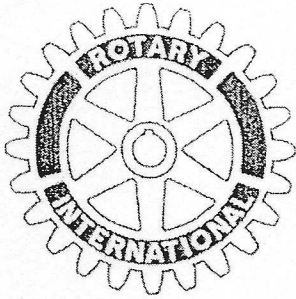
If different than Primary Member - Cell # _____ Home Email _____

Rotary Sponsor Name: _____ How long have you know the individual? _____

Please read the following: If you have questions, please ask your sponsor before signing the form.

- I understand Rotary is a service club and active Rotarians provide 15 - 25 hours of service per year through Club Activities.
- I understand Rotary dues are \$640/yr for Noon Members, \$300/yr for Evening Member, and \$250/yr for Spouse/Partner Members that can be paid annually or quarterly. I will ensure that my dues are paid on time, regardless of whether the payment is made by me or my employer. For Primary Members, lunch meals are included in the dues.
- Noon and Evening Members will pay a \$50 application fee to the Rotary Club of Great Falls to be submitted with this application.
- I understand that in addition to dues, all Rotarians are strongly encouraged to contribute to the Rotary Foundation each year to support Rotary Projects around the world.

Applicant Signature: _____ Date: _____



ROTARY BACKGROUND INQUIRY AUTHORIZATION RELEASE

In accordance with Rotary District 5390's Guidelines Regarding Abuse and Harassment, we are requesting a background check of all Rotarians, their families, and non-Rotarian volunteers who come into solitary or unsupervised contact with youth or other vulnerable persons. Please read the form below carefully and return it to your Club Risk Management Officer as soon as needed. (If you have already had a background check in the past year, please let your RMO know.)

In connection with my application for volunteering, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character. I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my criminal record and other past experiences. I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.

The following is my complete and legal name, and all information is true and correct to the best of my knowledge.

Last Name		First	Middle
Volunteer's Signature (Provide initials if submitted electronically):		Date of Birth:	
Social Security Number		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
Former Names and time frames (if applicable)			
Current Address	City/State	Zip & County	Dates (Month & Year)
Previous Address (if less than two years in current address)			

*Charge to Rotary Club: _____ Date _____

(Check one) Volunteer _____ Rotarian _____ Host Family _____

** Clubs will be billed by the District. This release is good for three years from the date above. The results of background (Match or no match) will be sent to the club's protection officer. All information is kept confidential.*