



COMPANION MEMBER APPLICATION FORM

Rotary Club of Lake Placid

Date: ___/___/___

Please print unless otherwise indicated

Sponsor: _____

Proposed Member

First Name: _____ Middle Initial: _____ Last Name: _____

Personal Information

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Home FAX: _____

E-Mail: _____

DOB: ___/___/___ Spouse Name: _____ Spouse DOB: ___/___/___

Wedding Anniversary: ___/___/___ Children's names and DOB: _____

Business Information

Business Name: _____ Title: _____

Business Address: _____

Business City: _____ Business State: _____ Business Zip: _____

Business Phone: _____ Ext: _____ Business E-mail: _____

Business Fax: _____

Do you prefer we contact you at your (circle one) home or business address?

Do you prefer we contact you at your (circle one) home or business phone?

Do you prefer we contact you at your (circle one) home or business e-mail?

Are You Transferring from another Club: Y N Club Name: _____

Previous Classification: _____ ID # _____ Paul Harris Fellow: Y N

Rotary Offices held: _____

Areas of Rotary Service I am interested in _____

Statement To Be Signed By Proposed Member

I CERTIFY THAT I AM QUALIFIED FOR REGULAR MEMBERSHIP BY VIRTUE OF MY INTEREST IN COMMUNITY SERVICE AND BY HAVING A PLACE OF BUSINESS OR RESIDENCE WITHIN THE CLUB'S TERRITORIAL LIMITS, HOWEVER, I WISH TO BECOME A COMPANION MEMBER OF THE ROTARY CLUB OF LAKE PLACID.

I UNDERSTAND THE PARTICIPATION PHILOSOPHY OF THE CLUB AND INTEND TO PARTICIPATE TO THE EXTENT THAT I AM ABLE. I UNDERSTAND THAT AS A COMPANION MEMBER THAT I HAVE NO RESPONSIBILITIES AND CANNOT VOTE OR HOLD OFFICE.

I AGREE COMPANION MEMBER DUES OF \$ 25/ANNUM.

Date: ___/___/___ Proposed Member's Signature _____

RETURN THIS FORM TO THE ROTARY MEMBER WHO IS SPONSORING YOU OR TO THE CLUB SECRETARY OR PRESIDENT

MEMBERSHIP COMMITTEE:

DATE RECEIVED _____ **CLASSIFICATION** _____

DATA PRESENTED TO BOARD _____ **STATUS** _____

PUBLICATION OF NAME TO MEMBERSHIP _____

INDUCTED ON _____

Membership Change: to Honorary Date approved: ___/___/___

Termination: Reason: _____ Date: ___/___/___