NEW MEMBER APPLICATION FORM Lake Placid, NY Rotary Club



Please complete and print this application. You and your sponsor should sign the application and bring it to a club meeting, or mail to LP Rotary, Box 1425, Lake Placid, NY 12946. We're excited to get to know you!

Date://	Sponsor:		-
Proposed Member			
First Name:	Middle Initial: Last Na	me:	_
Personal Information			
	State:		_
	Home FAX		
Home Email:	DOB/_/		
Spouse Name:	Spouse DOB: / / Wedding	Anniversary: / /	
	3		
Business Information			
Business Name:	Title:	<u>*</u>	
Business Address:			_
Business City:	Business State: Business Zip:	ALEXANDERICA.	
Business Phone:	Ext Business E-mail:		
Business Fax			
Do you prefer we contact y	you at your (circle one) home or business ac	ldress?	
Do you prefer we contact y	you at your (circle one) home or business pl	none?	
Do you prefer we contact y	you at your (circle one) home or business e-	mail?	

Why do you want to join the Lake Placid, NY Rotary Clu	Whv	do vou want to	ioin the Lake	Placid, NY	/ Rotar	v Club?
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jobs, civic/recreational activities, etc. Whatever you'd like to share with the club members.
Are You Transferring from another Club: Y N Club Name:
Previous Classification: Member ID # Paul Harris Fellow: Y N
Rotary Offices held:
Areas of Rotary Service I am interested in
Statement To Be Signed By Proposed Member & Sponsor
I hereby certify that I am qualified for membership by having a place of business or residence within the club's territorial limits.
I understand that it will be my duty, if elected, to exemplify the Object of Rotary in all my daily contacts and activities and to abide by the constitutional documents of Rotary International and the club. I understand that the Goal is 50% Participation (attendance plus Club events). I further understand that my level of Participation is voluntary
I agree to pay prorated dues or the annual dues of \$ in accordance with the bylaws of the club. I hereby give permission to the club to publish my name and proposed classification to its membership.
Date:// Proposed Member's Signature
Date:// Sponsor's Signature
MEMBERSHIP COMMITTEE:
DATE RECEIVED CLASSIFICATION

DATE PRESENTED TO BOARD _____ STATUS _____

PUBLICATION OF NAME TO MEMBERSHIP _____

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

Termination: Reason: _____ Date: __/__/

In order to get to know you better, please supply a short 1/4 page Bio or resume. Some background info on your Education,