



MEMBERSHIP APPLICATION FORM

Title: _____

Full Name: _____

Mailing Address: _____

Contact Information (include area codes)

Home Telephone: _____

Business Telephone: _____

Mobile: _____

Preferred Email: _____

Alternate Email: _____

Current Occupation (if retired, former): _____

Title/Position: _____

Gender: ☐ M ☐ F Date of Birth: _____

Type of Membership:

☐ ACTIVE ☐ FAMILY ☐ COMPANION CLUB

☐ CORPORATE If Corporate, name of company: _____

Recommended by or Sponsor Name: _____

Former/Current Rotarian? ☐ NO ☐ YES*

* Club Name: _____

Dates: _____ (Previous) RI Membership ID#: _____
From To

Activities that would enhance my consideration as a Rotarian: _____

I hereby certify that I am qualified for membership due to my current or former status as a business professional, or community leader, or as a Rotary alumnus, and by having a place of business or residence within the Club's locality, I understand that, if accepted for membership, it will be my duty to exemplify highest ethical standards in both my business and personal life, to recognize my occupation as an opportunity to serve society in all my daily contacts and activities, and to abide by the constitutions of Rotary International and the Rotary Club of Norfolk. I agree to pay annual dues in accordance with the Club bylaws.

SIGNATURE

DATE