Rotary
Club of River Cities

MEMBERSHIP APPLICATION FORM

Proposal for Membership of Rotary Club of River Cities

Name:

Home Address:

City: State: Zip Code:

Preferrred Phone:

Business/Employer Name:

Position Title or Description:

Business Address:

City: State: Zip Code:

Business Telephone:

Preferred Email:

Vocational and personal background - include details that will enhance your activities as a Rotarian:

Previous Rotary Club if applicable:

Personal and family information is optional and used for club engagement and Rotary purposes only.

Date of Birth:

Partner's Name:

Children's Names (and their ages if under 18)

I hereby certify that if accepted to Membership of the Rotary Club of River Cities, that as a Rotarian, I will exemplify the Object of Rotary in all my daily contacts and will abide by the constitutional documents of Rotary International and the club. I agree to pay an admission fee and dues in accordance with the bylaws of the club.

State:

Signature: Date:

For Club Use Only

Proposed Classification:

Proposed Member Nominated by:

Board Approval on: