

Membership Application

Please email this application to: Membership Director
Susan Dressler • susan.dressler10@gmail.com

Name: _____

Business Classification: _____ Membership Sponsor: _____

Do you have previous Rotary Membership experience?

No Yes If so, when and with which club: _____

A former or Active Rotaract member: No Yes If so, which Club: _____

RI Member Number _____ Rotary District _____

PROFESSIONAL (If retired, former title and company)

Job Title: _____

Company: _____

Work Address: _____

Phone: _____ Mobile: _____

Email: _____ Website: _____

PERSONAL

Address: _____

Phone: _____ Mobile: _____

Email: _____ T-Shirt Size: M W • S M L XL 2XL

Birthday: _____ Anniversary: _____

Hobbies: _____

Why are you interested in joining Rotary?

What programs in our Club interest you most?

I certify that if accepted to Membership of the Rotary Passport Club of the Central Coast, that I, as a Rotarian, will exemplify the Four Way Test and Object of Rotary in all of my daily activities and will abide by the constitutional documents of Rotary International and the club. I understand that each member is expected to commit to a minimum of sixty (60) community services hours per year. I agree to pay an admission fee and dues in accordance with the bylaws of the club. Current new member fee is \$50, dues are \$400 per year July 1 - June 30 and will be prorated based on admission date.

Prospect Signature _____ Date: _____

FOR MEMBERSHIP CHAIR

DATE RECEIVED

RI Member Number

Date of Admission

SUBMIT