Thank you for your interest in joining The Rotary Club of Chanhassen. Please fully complete and return to the member who recommended you for membership, or email to membership chair Mike Votava at [Michael.Votava@am.jll.com](mailto:Michael.Votava@am.jll.com). Your application will be reviewed by the Board of Directors and you will be notified if your application has been approved.

**PERSONAL INFORMATION:**

Name:

Home Address:

Business Address:

Phone Home: Cell Work

Email Personal:

Email Work:

Preferred Email (circle one) PERSONAL \_\_\_\_ WORK \_\_\_\_

Where should mail and email be sent? Home/Personal \_\_\_\_\_ Work \_\_\_\_

Preferred Billing Address: Home \_\_\_\_ Work \_\_\_\_

Professional / Career Info

Your Exact Title and Name of Firm (as you want it published):

Partner’s Name & Anniversary (if applicable):

**YOUR PROFESSION:**

Firm:

Title:

Length of Employment:

Brief Job Description:

**ORGANIZATIONS AND ACTIVITIES**: List community, professional, civic and other organizations you are or have been affiliated with and offices held. Please limit the list to 10 most important to you.

|  |  |  |
| --- | --- | --- |
| Dates | Offices Held | Achievements |

**ROTARY SERVICE**

Briefly describe your concept of Rotary International

What areas of local and international service interest you most so far?

What do you hope to gain from your involvement in The Rotary Club of Chanhassen

Will you be able to attend the majority of the weekly Rotary Club Meetings YES \_\_\_\_ NO \_\_\_

Do you have the full support of your employer for the time required to participate effectively as a member of The Rotary Club of Chanhassen YES \_\_\_ NO \_\_\_

Other Comments:

I hereby certify that if accepted to Membership of the Rotary Club of Chanhassen, that I as a Rotarian, 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant Date