



**Rotary Club of the University Area (“RCUA”)
Application for Membership (2025-2026)**

Title: First Name Middle Name Last Name

Date of Birth

Employer/Business

Name of Spouse/Partner, if applicable

Position within Firm

Names/Ages of Children, if applicable

Principal Business of Employer

College(s) attended (optional)

Proposed Classification

Your Rotary Sponsor

List any other Rotarians you know

Have you ever been a Rotarian, Rotaractor or Interactor? If so, please list club/s and any positions you held.

Shirt Size(S/M/L/XL/XXL/3XL) _____

RCUA programs or service areas of interest

CONTACT INFORMATION	
<u>Work</u>	<u>Home</u>
ADDRESS _____	
CITY / STATE / ZIP _____	
Telephone: _____	Telephone: _____
Email Address: _____	Cell Number: _____

Required RCUA Club Dues and Meeting Fee for Members *:

RCUA Club Dues for the fiscal year 2025/2026 may be paid annually (\$500.00) or quarterly (\$125.00). The dues includes \$100 contribution to Rotary Foundation.

For new members under 40 years old: First year RCUA Club Dues will be \$125.00 paid prior to induction. Second Year RCUA Club Dues will be \$150.00 and then \$200.00/year until a member turns 40 years old (paid at beginning of the Rotary year).

* The RCUA Club Dues and Meeting Fees are subject to change annually. The RCUA Board of Directors sets the amounts based on multiple factors including operation costs and number of club members.



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Applicant signature

Date

Sponsor signature

Date

I hereby certify that I am qualified for active membership by my current or former status as:

A business, professional or community leader; and/or

A Rotary, Rotaract and/or Interact alumnus/a; and/or

An individual committed to community service and the Rotary mission.

I understand that, if accepted for membership, it will be my duty to exemplify the Object of Rotary in all my daily contact and activities and to abide by the constitutional documents of Rotary International and the RCUA. I agree to pay the RCUA Club Dues and Meeting Fee in accordance with the RCUA club requirements as set annually by the Board of Directors. I hereby give permission to the RCUA to publish my name and proposed classification, if applicable, to its membership.

Proposed member’s signature

Date

COMMITTEE USE ONLY

Approved: _____ (Y/N) Date Approved: _____ Classification: _____

Date Joined RCUA: _____

Signed by Committee Chair

Date Signed