





APPLICATION FOR MEMBERSHIP ROTARY CLUB OF SOUTHSIDE CORPUS CHRISTI

I herewith apply for membership in the Rotary Club of Southside Corpus Christi. In making this application I certify that:

- a) I understand the guidelines governing attendance and/or Rotary Engagement;
- b) I have been briefed on the requirements of the admission fee and semi-annual dues;
- c) I hereby give permission to the club to publish my name and proposed classification to its membership.
- d) I understand the club may use photographs, images, and/or videos of me in publications, news releases, online, and in other communications related to the mission of the Rotary Club of Southside Corpus Christi.

	_	Applicant signature	Date	
		ntroduction and administrative purposes. Iter nner™ directory. Please print all information le		
*Name		*Nickname		
*Business Address		*Bus. Phone	*Bus. Phone	
Home Address		*Home Phone	*Home Phone	
*Mailing Address		*Fax		
		*Cell		
*Firm Name		*Position		
*Firm Address		*E-mail		
*Birthday (Mo/Day /	Year)			
Education (Degree)		College		
		College		
Previous Rotarian?	(Where/Club Name)			
Positions Held				
If yes, RI Member ID		Paul Harris Fellow (y/n)	
Other organizations				
*Spouse's/Partner's name		Children/ages		
	http:	//southsideccrotary.org		
	PLEASE RETURN COMPLE	TED FORM TO THE EXECUTIVE SECRETA	 \RY	
CLUB ACTION:	Proposed by			
	Approved by	Date		
	Classification			