



The Rotary Club of Springfield  
PO Box 615  
Springfield, Illinois 62705

## Membership Application

Full Name: \_\_\_\_\_ Nickname \_\_\_\_\_

Primary email address: \_\_\_\_\_ Secondary \_\_\_\_\_

Website/URL \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Second Phone \_\_\_\_\_

Preferred meeting location: \_\_\_\_\_ Downtown Springfield \_\_\_\_\_ Chatham Satellite.

Home Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work:

Profession: \_\_\_\_\_ Company Name \_\_\_\_\_

Position Title \_\_\_\_\_

Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Former Rotarian?  Yes  No Previous Club Name \_\_\_\_\_

Current or Former Member of another Service Club?  Yes  No Name of Club \_\_\_\_\_

Birthday \_\_\_\_\_ Partner Name \_\_\_\_\_ Anniversary \_\_\_\_\_

Other \_\_\_\_\_

I hereby certify that I am qualified for membership by my current /former position and having a place of business or residence with the club's locality or surrounding area.

I understand that it will be my duty, if elected, to exemplify the Object of Rotary in all my daily contacts and activities, and to abide by the constitution and bylaws of the club. I agree to pay annual dues in accordance with the bylaws of the club.

I give permission to the club to publish my name and proposed classification to its members.

\_\_\_\_\_  
Proposed Member's Signature

\_\_\_\_\_  
Date

Following completed by Club: Individual Membership Fee Category:  Full  Partner  Youth (under 35)  
 Corporate as  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

Rev. 2/2019

**Email the form to [membership@springfieldilrotary.org](mailto:membership@springfieldilrotary.org)**