Ada Sunrise Rotary

MEMBERSHIP APPLICATION FORM

Ada Sunrise Rotary

Proposal for Membership of Ada Sunrise Rotary Club

Name: _____

Home Address: _____

Zip Code: _____

Home Telephone: _____ **Mobile:** _____

Business/Employer Name: _____

Position Title or Description: _____

Business Address: _____

Zip Code: _____

Business Telephone: _____ **Fax:** _____

Email: _____

Date of Birth: _____

Partner Name _____

Children's Names (and their ages if under 18) _____

Specialty / Profession: _____

Previous Rotary Club (if applicable): _____

Some vocational and personal background details that will enhance your activities as a Rotarian:

_____

_____

_____

_____

_____

I hereby certify that if accepted to Membership of the Ada Sunrise Rotary Club, 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: _____ **Date:** _____

Proposed Member Nominated by: _____

T-Shirt Size: _____

Board Approval on: _____