

MEMBERSHIP APPLICATION *(to be completed by the applicant)*

Sponsor _____

Rotary
Club of El Campo



Name: _____ Nickname (if any): _____

Business Name: _____ Title: _____

Business Address: _____

City: _____ St: _____ Zip: _____

Business phone: () _____ - _____ Cell phone: () _____ - _____ Home phone: () _____ - _____

Preferred mailing address: home or business *(CIRCLE ONE)*

Address: _____

City: _____ St: _____ Zip: _____

Preferred email address (s): _____

Date of Birth (mm/dd/yyyy): ____/____/____

Education (universities attended, dates, degrees): _____

Spouse: _____ Birthday: _____

Children's names (date of birth for those under 18): _____ Any

children eligible for local high school scholarships? _____ Yes _____ No

Previous Rotary Membership: List club(s) & dates(s) with a name of a contact & phone#

Paul Harris Fellow? Yes or No Sustaining PHF? Yes or No Sapphires: 1 2 3 4 5

Why do you want to join the Rotary Club of El Campo? _____

What will be your contributions to the Rotary Club of El Campo? _____

What Committee(s) interest you (i.e. where is your service passion)? _____

Is there any reason why you would be unable to regularly attend meetings, events, and other Rotary functions? If so, please elaborate: _____

Membership Information: Membership Dues are \$165.00 per quarter.

Annual Rotary Membership is from July 1 to June 30. Dues are prorated based upon the month your membership is approved. You will receive an invoice once approved for membership.

Method of Payment:

New Member Application Fee must accompany application. \$35.00 ____ Check

You will be required to complete New Member orientation before installation.

I wish to apply for membership in the Rotary Club of El Campo, and if accepted into membership, agree to uphold and abide by all of the responsibilities of membership, including fiduciary, service, and attendance.

Your Signature: _____ Date: _____

This part is to be completed by the Sponsor:

How long have you known the applicant: _____ Nature of relationship _____ Sponsor's statement as to why the applicant would be a good member (attendance, activities, involvement): Suggested classification: _____

Name of sponsor (type or print): _____ Date: _____

Signature: _____

To be completed by the Membership and Classification Chairs: Membership committee action:

recommended: approval _____ disapproval _____ Comments: _____

Date: _____ Committee Chair Signature: _____

Classification committee action: recommended: approval _____ disapproval _____

Classification reserved is: _____

Date: _____ Committee Chair Signature: _____

Read to the membership for approval _____ Approved _____

New member Orientation _____ Date for Installation _____