

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

Sponsor \_\_\_\_\_



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 \$150.00 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 \_\_\_\_\_