



MEMBERSHIP APPLICATION FORM La Quinta Rotary Club

Rotary International

Name: _____ Birthday _____

Home Address: _____

City: _____

Home Telephone: _____ Cell _____

Classification: _____

Business/Employer Name: _____

Position Title or Description: _____

Business Address _____

Business Telephone: _____ Email _____

Spouse's Name: _____ Birthday _____

Anniversary: _____ Previous Rotary Club if applicable _____

I hereby certify that if accepted to Membership of the Rotary Club of La Quinta 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: _____

Proposer: _____ Date: _____

Admission Date: _____