ROTARY CLUB OF ALLEN

MEMBERSHIP PROPOSAL

Proposed Member’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employer/Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If retired, employer/profession and title at time of retirement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anniversary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a former or transferring Rotarian, list name of previous club \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activities or experiences that would enhance consideration as a Rotarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed member designation (check one):

**Active \_\_\_\_\_\_\_\_ Membership charges are outlined in paragraph below.**

**Associate \_\_\_\_\_\_ This classification is for members who can’t normally attend club meetings. Modified charges for this classification are described in the paragraph below.**

Proposed member is invited to serve on one or more of the following club committees. Please number your top three choices by designating 1, 2 & 3. While we will try to honor your preferences, you may not get your first or second choice.

Membership \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rotary Foundation and Grants \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public Relations \_\_\_\_\_\_\_\_\_\_\_ Fundraising \_\_\_\_\_\_\_\_\_\_\_\_\_

Service Projects \_\_\_\_\_\_\_\_\_\_\_\_ Christmas Parade \_\_\_\_\_\_\_\_\_\_\_\_\_\_

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

I hereby certify that I am qualified for membership both by the current/former employment position and by having a place of employment or residence within the club’s territorial limits, adjoining territory, or the same city in which the club is located.

I understand that it will be my duty, if elected, to exemplify the Object of Rotary (*see back of this form*) in all my daily contacts and activities and to abide by the constitutional documents of Rotary International and the Rotary Club of Allen. I agree to pay an admission fee of $50 and the quarterly dues of $40 plus the quarterly charge of $208 for meals. If I am approved to be classified as an associate member, I agree to donate $25 per quarter to the Rotary Foundation in addition to the admission fee and quarterly dues plus pay a $15 meal charge for each meeting attended. All fees are subject to change by future action of Rotary International, District 5810 or this club. I hereby give permission to the Rotary Club of Allen to publish my name and proposed classification to its membership.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed Member’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposer’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_