

Personal Information

Name (nickname): _____
First Middle Last

Date of Birth: _____ Name of Spouse/Partner: _____

Children's Names/Ages: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Fax: _____

Preferred Email: _____ Alternate Email: _____

May we publish information Yes No

Professional Information

Firm Name: _____

Title/Position: _____

Nature of Business/Classification: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Website: _____ Phone: _____ Fax: _____

May we publish information Yes No

Military Service

Branch: _____ Date of Enlistment/Discharge: _____

Military Record: _____

Education - Latest Degree

School Attended: _____

City: _____ State: _____ Zip: _____

Degree(s): _____

Civic/Community Engagement/Rotary Activity (Former & Transferring)

Rotary Club Name/Dist #/City/State: _____

Dates/Positions Held/Membership ID #: _____

RI Program Participant/Foundation Alumni (Specify): _____

Transferring Rotarians, Provide Contact Name at Current Club: _____

Title: _____ Phone: _____ Email: _____

Other Clubs/Organizations: _____

Special Talents/Avocations: _____

To be completed by Nominee:

If elected to membership, I agree to accept the "Object of Rotary" and the Rotary "Code of Conduct". I also agree to the classification assigned to me by the Board of Directors and agree to accept and abide by the Constitution, By-laws and Rules of the Rotary Club of Fall River, District 7950 and of Rotary International.

I understand that my proposal for membership is subject to review by the membership at large of the Rotary Club of Fall River, which may include distribution of my Membership Application via circulation at a meeting, publication in the Club Newsletter, email or electronic posting. I here by authorize such distribution and publication.

If elected to membership, I have been informed and agree to the attendance requirements and financial obligations of membership in Rotary Club of Fall River.

I understand that the annual dues are \$ _____ and are paid twice annually.

Weekly meals are \$ _____ each or a 13 week meal ticket may be purchased for \$ _____

I prefer to be invoiced by: Mail at: _____ Email: _____

ADMISSION FEE OF \$100.00 MUST ACCOMPANY THIS APPLICATION. Please make check payable to the Rotary Club of Fall River .

Signature of Applicant

Date

To be completed by Sponsor:

I propose _____ for active membership in the Rotary Club of Fall River, and if requested, agree to provide a letter of support to the Membership Committee endorsing this nomination.

Full Name of Nominee

Signature of Proposer

Date

To be completed by Membership Committee Chair/Club Secretary:

Application Received: _____

Admission Fee Paid: _____

Submitted to Board: _____ Approved: _____

Classification Assigned: _____

Presented to Membership at Large: _____
Date Date Date

Objections Received: _____

Orientation/Induction Scheduled: _____

Badge Ordered: _____

Membership Card Printed: _____

Inducted/Anniversary Date: _____

Entered in Club Runner: _____

3 Month Follow-Up Scheduled For: _____