

# ROTARY CLUB OF FALL RIVER

## Membership Application Form

### 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: \_\_\_\_\_

### Professional Information

Firm Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Billing Information

Send to Work  Send to Home 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): \_\_\_\_\_

### If you belong now or have belonged to any other Rotary Clubs please list

Club Name/City/State: \_\_\_\_\_

Dates/Positions held: \_\_\_\_\_

Avocations: \_\_\_\_\_

Other Clubs/Organizations: \_\_\_\_\_

Reasons for joining Rotary: \_\_\_\_\_

Special Talents of Interest to Club: \_\_\_\_\_

**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.

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 my proposal for membership is subject to review of the membership of the Rotary Club of Fall River including hard copy distributed at a meeting, published in the club newsletter and/or posted electronically. I here by authorize such distribution and publication.

I understand that the annual dues are \$\_\_\_\_\_ and are paid twice annually. Meals are \$\_\_\_\_\_ weekly and meal tickets are available for \$\_\_\_\_\_.

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 \_\_\_\_\_  
Full Name of Nominee

in the Rotary Club of Fall River and, if requested, agree to provide a letter of support to the Membership Committee endorsing this nomination.

\_\_\_\_\_  
Signature of Proposer Date

**To be completed by Transferring Rotarians applying for membership:**

If requested, the following person will provide a letter of support to the Rotary Club of Fall River Membership Committee.

Name/Title: \_\_\_\_\_

Rotary Club/City: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_