



**LA JOLLA GOLDEN TRIANGLE ROTARY CLUB
MEMBERSHIP APPLICATION
ROTARY YEAR 2019-2020**

Please check one of the following:

I am applying as ___ a full member; ___ a young professional (ages 18-30); or ___ a transferring Rotarian.

PROFESSIONAL INFORMATION

Company/Firm Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Mobile: _____
Email: _____
Type of Business: _____
Position in Company: _____
Length of Time with Company: _____

PERSONAL INFORMATION

Name: _____
Date of Birth: _____
Nickname: _____
Address: _____
City/State/Zip: _____
Phone: _____
Mobile: _____
Email: _____

Married: _____
Spouse/Partner Name: _____
Names/Ages of Children: _____
High School: _____
College/Degree: _____
Post-Graduate/Degree: _____

Length of Residence in San Diego: _____ (If less than three years, prior residence: _____)

Hobbies and recreational activities:

INTEREST/EXPERIENCE WITH ROTARY

Why are you interested in joining the LJGT Rotary Club?

Names of Rotary Clubs where you have been a member and dates (if applicable):

Do you know any LJGT Rotary Club Rotarians:

How did you learn about the LJGT Rotary Club:

Current or prior experience with other service organizations and dates of service:

CONTACT INFORMATION IN CASE OF EMERGENCY

Name: _____ Phone: _____

REFERENCES

(Please provide at least two references)

Name: _____ Phone: _____
Name: _____ Phone: _____

CERTIFICATION AND ACKNOWLEDGEMENTS

I, the undersigned, do hereby submit this application for membership to the La Jolla Golden Triangle Rotary Club and certify that I meet the qualifications for membership.

I also certify and acknowledge that it will be my duty as a Rotarian and member of the La Jolla Golden Triangle Rotary Club to exemplify the Objects of Rotary and the Four Way Test in all my daily contacts and activities.

I hereby give my permission to the Club to publish to its members my name, classification, addresses and telephone numbers in the Club Bulletin and to post photographs or images taken of me at club meetings and Rotary events on the Club's website and/or social media pages.

Signature: _____ Date: _____

ACKNOWLEDGEMENT OF FINANCIAL OBLIGATIONS

I hereby certify that I have been advised of and understand the financial responsibilities that come with membership in the Club and agree to comply with all financial requirements for membership.

Signature: _____ Date: _____

Required documents:

1. Completed membership application;
1. Youth Volunteer Affidavit (LJGT Rotary does several projects where children are involved. As part of your membership we require you to submit the attached application for approval through the District Rotary Office);
2. Bio (200 words or less); and
3. Photo (.jpeg only).

Please submit your completed application to Membership Chair, Ranjan Lahiri,
raloklahiri@gmail.com