

# MEMBERSHIP APPLICATION



## Personal Information

Name (First and Last)

Name for Member Badge

Address

City, State, Zip Code

Phone

Email

Date of Birth

Spouse/Partner

Interests & Hobbies

Community Activities

Former Club Name and Location (If a Rotary transfer)

## Employment Information

If retired, please provide information from last position.

Position/Title

Years in Position

Employer

Type of Organization

Address

City, State, Zip Code

Phone

Email



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## Professional and Community References

Name

Email

Phone

Name

Email

Phone

## Statement of Interest

Please provide a statement (no more than 50 words) of why you want to join the Rotary Club of Los Gatos and what you believe that you can contribute to the club.

## Recommendation for Membership: Sponsor

To be completed by Rotary Sponsor

Name of Sponsor

References Contacted

Club Event Attended

Dates of Two Lunch Meetings Attended

1.

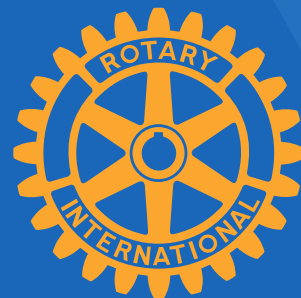
2.

Sponsor Statement of Endorsement (no more than 50 words) indicating why the applicant would be a valuable member of the club.



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# APPROVAL OF MEMBERSHIP



## Approval of Membership: Membership Committee

To be completed by Membership Committee Chair

Recommended Classification

Confirmation of Former Club (if transfer)

Date Posted to Membership

Date Approved by Membership Committee

## Approval of Membership: Board of Directors

To be completed by Secretary

Date Approved by Board of Directors

RI Number

## Completion of Membership Orientation

To be completed by Membership Committee Chair

Youth Protection Certification

Committee

Credit Card Form

Committee

Biographical Sketch

Board of Directors Meeting

District Events/Other Club

Membership Information Meeting

Social Event/Service Project

Date Presented Red Badge

Date Presented Blue Badge



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Club of  
Los Gatos



Los Gatos  
Rotary  
Charities  
Foundation

## Credit Card Payment Authorization

Completing and returning this form authorizes the **Rotary Club of Los Gatos** (the “Club”) and the **Los Gatos Rotary Charities Foundation** (the “Foundation”) to charge your Visa, MasterCard, AmEx, or Discover credit card for all expenses incurred by you that are associated with the Club or Foundation. Credit card donations to the **Los Gatos Rotary Scholarship Fund** (the “Fund”) are billed by the Foundation for the Fund.

**How it works:** Monthly, the Club will email an invoice itemizing your expenses for the prior month, which you have authorized (examples: dues, meals, event tickets, etc.). Concurrent to sending your invoice your credit card will be charged for the total amount due and a receipt be emailed to you. The charge will appear on your credit card statement. The Foundation invoices charges separately, as donations are made. You have the right to question any charges or to view documentation. Corrections will be made as soon as possible, but within 15 days.

**Fill out this form completely from your computer or please print legibly. All fields are required.**

I, \_\_\_\_\_, authorize the **Club** and/or the **Foundation** to charge my credit card entered below for payment of my expenses associated with the Club or the Foundation, including but not limited to monthly dues, meal charges, event tickets, \$20 for 20, voluntary donations (such as Los Gatos Rotary Scholarship Fund, The Rotary Foundation or Polio Plus), etc.

I understand that my credit card number will be stored, encrypted, with a secure merchant services vendor chosen by the Club. After digitally entering the information, this form and associated records will be destroyed. I also agree to notify the Club and/or Foundation if my credit card information changes or becomes invalid.

Name on Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVCC (3 or 4 digit code on back): \_\_\_\_\_  
(MM/YY)

**Billing Address**

Street: \_\_\_\_\_

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

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

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize the **Rotary Club of Los Gatos** and/or the **Los Gatos Rotary Charities Foundation** (or for the benefit of the Los Gatos Scholarship Fund) to charge the credit card indicated above according to the terms outlined herein. I understand that this authorization will remain in effect until I cancel it, and I agree to notify the business in writing of any changes in my account information or termination of this authorization as soon as possible, prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.