**Rotary Club of Aurora, Ohio**

MEMBERSHIP APPLICATION (2024-2025)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse or Partner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation/Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us why you are interested in becoming a member of the Rotary Club of Aurora and what you feel you can contribute in terms of time and experience. (Use back of sheet if necessary)

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

Please share anything you might like us to know about yourself: (use back of sheet if necessary)

I understand that, if accepted for membership, it will be my duty to exemplify the Object of Rotary in all my daily contacts and activities. I agree to pay the one-time initiation fee of $100 and the annual dues in accordance with the by-laws of the Club.

Please include a check payable to The Rotary Club of Aurora relevant to the type of membership you are seeking plus the one-time initiation fee of $100:

**Annual Dues for 2024-2025 (includes $10 to Rotary Foundation)**

**•Single Membership is $240
•Family Plus Membership is $280
•Corporate Membership is $290**

**•Plus, a One-time initiation fee of $100**

I hereby give permission to the Rotary Club of Aurora (RCA)to publish my name, photos and proposed membership to Rotary International (RI), if applicable, only to the RCA members. I understand and will comply with the conditions of membership, attendance at meetings and participation in committees and projects.

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

I have reviewed this proposed Member’s Application in its entirety, and I believe he/she understands its content.

Sponsor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return application to:** Gail McCullough Membership Chairperson 2024-2025
PO Box 795, Aurora, OH 44202 Phone: (330)-717-7205
**email:** auroraoh.rotary@gmail.com or gailcfa@yahoo.com