

IMPACT by Rotary Club of Cheyenne



MEMBERSHIP APPLICATION
P.O. Box 511
Cheyenne, WY 82003-0511

TO BE COMPLETED BY THE APPLICANT (PROPOSED MEMBER)

The following information is important for our club's records but will not be made available outside of the club membership.
(Please print.)

PERSONAL INFORMATION:

DATE: _____

Name (Full legal name with initials and nicknames where appropriate)

Date of Birth

Nickname or preferred name (if different from above)

Residence Address (Complete address including building number, suite number, nine-digit Zip Code, etc.)

Check if current or former Rotarian

If former Rotarian, name of Rotary club and date(s) of membership

Rotary office held

NOTE: Potential members who owe money to a Rotary club aren't eligible for membership. If you are a transferring or former Rotarian seeking membership, please ask your previous club to confirm that you don't have outstanding debt.

CONTACT INFORMATION: (Check one - business or residential- as preferred for contact from club or members.)

Business Phone #(s): _____ Preferred

Residential Phone #(s): _____ Preferred

Business E-Mail(s): _____ Preferred

Residential E-Mail(s): _____ Preferred

Business Cell #(s): _____ Preferred

Residential Cell #(s): _____ Preferred

BILLING/MAGAZINE SUBSCRIPTION INFORMATION:

Please send my quarterly statement by e-mail to (check one):

Resident email

Business email

Please send other postal mail to (check one):

Resident address

Business address

I prefer to receive the ROTARIAN magazine to (check one):

Paper copy

Digital Copy

By my signature below, I agree that:

- I agree to pay annual dues of Two Hundred Forty Dollars (\$240). I understand I will receive a quarterly invoice for dues approximately ten (10) days before the first day of each quarter, and payment is due by the fifteenth day of each quarter (July 15, October 15, January 15, and April 15).
- I will endeavor to apply the Four Way Test in all areas of my personal and professional life.

Applicant's Name (Please Print)

Applicant's Signature

Date

TO BE COMPLETED BY THE SPONSOR:

Sponsor's Name (Please Print)

Sponsor's Signature

Date