



Greeley Rotary Club

Greeley Rotary IMPACT Club

MEMBERSHIP
APPLICATION P.O. Box 602
Greeley, CO 80632

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

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 three hundred dollars (\$300). 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). 1) Annual dues may change as the board of directors review overall costs. Members will be notified of any changes
- 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