

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

Date

Rotary Club of Greeley 7/2024

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 nick	knames where appropriate)	Date of Birth	
Nickname or preferred name (if different fro	om above		
Residence Address (Complete address inc	cluding building number, suite number, nine-	digit Zip Code, etc.)	
Check if current or former Rotarian	If former Rotarian, name of Rotary club an	d date(s) of membership/Rotary #	Rotary office held
membership, p	oney to a Rotary club aren't eligible for not elease ask your previous club to confirm ON: (Check one - business or resident	that you don't have outstanding deb	ot.
Business Phone #(s):	Preferred Residentia	al Phone #(s):	Preferred \square
Business E-Mail(s):	Preferred Posidontia	al E-Mail(s):	Professed □
Business Cell #(s):	Preferred	II E-Maii(S)	Fielelleu 🗆
BILLING/MAGAZINE SUBCRIF	PTION INFORMATION: Residentia	al Cell #(s):	Preferred \square
Please send my quarterly statement by prefer to receive the ROTARIAN mag	C-mail to (check one).	lent email ☐ Business em r copy ☐ Digital Copy	ail
Activities that would enhance conside	ration as a Rotarian:		
or as a Rotary Foundation alumnus/aI understand tat, if accepted for memb abide by the constitutional documents of I agree to pay any admission fees req	or active membership by my current or , and by having a place of business or pership, it will be my duty to exemplify the	or residence within the club's local ne Object of Rotary in all my daily co es in accordance with the club bylaw	ity or surrounding area. ontacts and activities and to
Applicant's Name (Please Print) TO BE COMPLETED BY THE SPO	Applicant's Signature DNSOR:	Date	
Sponsor's Name (Please Print)	Sponsor's Signature	Date	