

WELCOME TO THE ROTARY CLUB OF WICHITA FALLS!

Rotary Club of Wichita Falls
PO Box 4728
Wichita Falls, TX 76308
(940) 723-7903
wfrotary@sbcglobal.net
Website: www.wfrotary.org

ROTARY CLUB OF WICHITA FALLS



(This space for Office Use Only)

Proposed by: _____

Inducted: _____

NAME _____
LAST MIDDLE NAME OR INITIAL FIRST

NAME YOU WISH TO BE CALLED _____

EMPLOYER NAME _____

POSITION _____

BUSINESS MAILING ADDRESS _____ ZIP _____

BUSINESS PHYSICAL ADDRESS _____ ZIP _____

BUSINESS PHONE _____ FAX _____

BUSINESS EMAIL _____ WEBSITE _____

RESIDENCE ADDRESS _____ ZIP _____

RESIDENCE PHONE _____ CELL _____

HOME / ALTERNATE EMAIL _____

PREFERRED MAILING ADDRESS: HOME / WORK _____

PREFERRED EMAIL: HOME/WORK _____

HOW YOU WOULD LIKE TO RECEIVE INVOICES: EMAIL / MAIL _____

HOW YOU WOULD LIKE TO RECEIVE WEEKLY BULLETIN: EMAIL / MAIL _____

SPOUSE'S NAME _____ NAMES / AGES OF CHILDREN _____

YOUR DATE OF BIRTH _____ BIRTHPLACE _____

COLLEGE ATTENDED _____

MAJOR _____ DEGREE _____

HOBBIES _____

(OVER)

DO YOU SING? _____ LIST MUSICAL INSTRUMENTS YOU PLAY _____

LIST MEMBERSHIPS IN CIVIC/PROFESSIONAL ORGANIZATIONS _____

HAVE YOU BELONGED TO ROTARY BEFORE? _____ WHERE? _____ YEARS? _____

OFFICES HELD IN ROTARY _____

DO YOU HAVE RELATIVES WHO ARE / WERE ROTARIANS? IF SO, PLEASE LIST THEIR RELATIONSHIP TO YOU
AND THE LOCATION OF THE CLUB _____

ROTARY AREAS OF SERVICE ARE:

CLUB SERVICE: DEALING WITH CLUB ACTIVITIES

COMMUNITY SERVICE: YOUTH, SAFB, OUTSTANDING CITIZENS

VOCATIONAL SERVICE: PROBLEMS IN BUSINESS, ETHICS, PROMOTING EDUCATION, ETC.

INTERNATIONAL SERVICE: PROMOTING GOOD WILL, EXCHANGE STUDENTS AND
PROFESSIONAL TEAMS, JOINT PROJECTS WITH CLUBS IN OTHER COUNTRIES

NEW GENERATIONS SERVICE: YOUTH—INTERACT, ROTARACT, RYLA (ROTARY YOUTH
LEADERSHIP AWARDS), ROTARY YOUTH EXCHANGE

ROTARY FOUNDATION: ANNUAL PROGRAMS, POLIO ERADACATION, PERMANENT FUND

PLEASE READ CAREFULLY

It is important that a person holding membership should have certain qualifications among them are the following:

His / Her business represents in every way the honor, good name, and dignity of The Rotary Club of Wichita Falls, and Rotary International.

The firm be a leading one in its line of business

His / Her be one of the directing forces of the business, with discretionary authority.

His / Her reputation for integrity and his / her character be above reproach

Wile membership in The Rotary Club of Wichita Falls is not based in any sense on wealth, it is essential that a member's financial condition be such that he / she can and will meet his financial obligations to the Club promptly and within the time prescribed by the Bylaws

The annual dues are payable quarterly in advance: \$70.00 on January 1, April 1, July 1 and October 1.

Meals are also payable quarterly in advance : \$166.00 on January 1, April 1, July 1 and October 1.

If you terminate your membership and your dues and meals are not paid for the current quarter, you will be billed for the pro-rated amount for that quarter.

Another definite obligation you assume in taking membership is to do your part, to the best of your ability, when called upon

I have read the foregoing and understand the conditions requisite to membership and agree to uphold them to the best of my ability

Signed: _____ Date: _____



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New Member Application
(Complete and return to Club executive secretary)

I propose:

Title (e.g., Mr., Ms., Mrs., Dr., Rev.): Suffix (e.g. Jr., Sr., III):

First name: Middle name: Last name:

Please indicate preferred mailing address by placing an "X" in proper place - Residential or Business.

Business:

Company Name: Occupation:

Qualifications: Honors:

Residential Address: ()

Street/Box:

City/Zip:

Phone/Cell:

Fax:

Email:

Business Location: ()

Street/PO Box:

City/ST/Zip:

Phone/Cell:

Fax:

Email:

Membership Type (check one): () Active () Honorary

If a former Rotarian, list previous club information:

Name: City State Dates: From To

If a Rotary International program participant or Foundation alumnus/a, list program(s) and date(s):

Activities that would enhance consideration as a Rotarian:

Rotary Member's Signature

Date Submitted

Proposed Member's Signature

Date Submitted

I certify the above is true and correct to the best of my knowledge and belief.



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I hereby certify that I am qualified for (check one):

Active membership for both my current/former executive position and having a place of business or residence within the club's locality or surrounding area

Honorary membership by my meritorious service

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 and to abide by the constitutional documents of Rotary International and the club. I agree to pay quarterly dues and meals totaling **\$236.00** in accordance with the bylaws of the club. I understand if I terminate my membership and my dues and meals are not paid for the current quarter, I will be billed for the pro-rated amount for that quarter. I hereby give permission to the club to publish my name and proposed classification, if applicable, to its membership.

Proposed Member's Signature

Date Submitted

To be completed by a club officer

If transferring or former Rotarian, previous club

Information:

Name: _____

Club ID number: _____

Dates: _____
From To

Membership ID number: _____

Mentor assigned to assist with orientation: _____

Rotary information session held: _____

Action on Proposal

Date

Received by Secretary _____

Submitted to Membership Committee _____

Committee decision received: _____

Approved Disapproved

Submitted to board: _____

Board decision received: _____

Approved Disapproved

Proposed to club: _____
(If any objection has been filed, the board should address the issue at its next meeting.)

Final approval by board: _____

Admitted to membership: _____