

MEMBERSHIP APPLICATION FORM

FULL NAME: _____ Nickname (if any): _____

PLEASE SELECT: Individual Membership Corporate / Family Membership
(Corporation/Family Name if applicable _____)

HOME ADDRESS (including city, state, and zip code):

PREFERRED EMAIL ADDRESS: _____

PREFERRED PHONE: _____

NAME OF BUSINESS (if currently employed): _____

BUSINESS ADDRESS: _____

TITLE: _____ CLASSIFICATION: _____

BUSINESS PHONE: _____ May we contact you at this number? YES

BIRTHDAY (MONTH/DAY/YEAR): _____

FORMER ROTARIAN?: YES NO IF YES, THEN MEMBER ID: _____

CLUB NAME/NO: _____ DATES: _____

LANGUAGES SPOKEN BESIDES ENGLISH, if any: _____

SPONSORING ROTARIAN NAME, if any: _____

Why are you interested in joining Apple Valley Rotary?

Interests and personal background details that will enhance your activities as a Rotarian:

Acknowledgement -

I understand that it will be my duty, if accepted, to exemplify the Objects of Rotary in all my daily contacts and activities and to abide by the constitutional documents and bylaws of Rotary International and the Club to which I have applied. I agree to pay the established club dues timely and in accordance with the bylaws of the Club.

SIGNATURE: _____ DATE: _____

*Please bring completed application to a Club meeting or email to:
AppleValleyMNRotary@gmail.com*