



www.metroBethesdaRotary.org

MEMBERSHIP APPLICATION FORM

Complete Name _____
First Middle Last

Company _____
Company Name Title

Classification _____
Please describe your business/profession/occupation

Business Address _____

Home Address _____

Telephone _____
Work Home Cell

Email Address _____

Attention: *I understand that Rotary International holds its members to an extremely high standard of professionalism and ethical behavior. With full knowledge of this standard, I certify that there is no aspect of my business or personal life, in the past or presently, which may call into question my good character, my reputation within the community, or my standing as a prospective member of the metro Bethesda Rotary.*

Signature Date

If you have any questions or concerns about the above certification, please confide in your mBRCSponsor.

mBR Sponsor _____
Name

Signature Date

You may submit the completed form by email or regular mail. You will also be required to submit an enrollment fee in the amount of \$250 made payable to metro Bethesda Rotary. After submitting your application you will be contacted by the membership chair. Upon approval of your membership, by the Board of Directors, you will be billed for additional dues and meal costs in the amount of \$260 per quarter. If you are not offered a membership to the club your enrollment fee will be refunded.

metro Bethesda Rotary

P.O. Box 30507, Bethesda, Maryland, 20824-0507