

Stillwater Sunrise Rotary Club Membership Application



Contact: Laurie Cherry
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I, the undersigned, being familiar with the requirements for and conditions for membership as explained to me, hereby make application for membership in the Stillwater Sunrise Rotary Club. Membership status and classification will be determined by the appropriate committees. I understand that it will be my duty, if approved for membership, to exemplify the Object of Rotary and the Four Way Test in all my daily professional and personal contacts and activities and to abide by the Constitution and Bylaws of the Stillwater Sunrise Rotary Club. I agree to pay any and all dues and assessments in accordance with the Bylaws of the Club. I hereby give permission to the Club Board of Directors to publish my name and proposed classification as a potential member.

Full Name: _____ Birth Date: _____

Home Address: _____

City, State, Zip: _____

Name of Spouse: _____ Wedding Anniversary Date: _____

Personal Email: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Company Name: _____

Company Address: _____

City, State, Zip: _____

Business Email: _____ Business Fax: _____

Position/Title: _____ Describe Your Position: _____

If Retired, List Position and Employer at Time of Retirement: _____

Current Community Involvement: _____

Possible Rotary Classification for Badge & Rotary International: _____

Previous Rotary Membership, Club and Dates: _____

Date: _____ Applicant Signature: _____

Sponsor Name: _____

StillwaterSunriseRotary.org
Tuesdays 7am at The Lowell Inn Event Center
