Office: 140 Roosevelt Ave. Ste 209 York, PA 17401 (717) 848-1370 yorkrotary.org

NEW MEMBER APPLICATION FORM

Thank you for your interest in becoming a member of the Rotary Club of York. Please take a few moments to complete this form as the next step in the membership application process. Upon completion, please return the completed form to the Rotary Club member who is proposing you for membership.

Today's date					
Applicant's name					
Home address					
(street)			(city)	(state)	(zip)
Home phone	Cell		DC	ОВ	
Preferred email					
EDUCATION (include high schoo	l, college, degrees, major				
MILITARY SERVICE:					
	(branch)	(rank)		(dates of service)	
EMPLOYMENT					
Present employer					
Business Street					



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City, state		Z	ip			
Work Email		Work Phone				
Job title						
Position (check on	e):					
Proprietor	Officer	Partner	Manager	Executive		
Other (title	& description):					
Other (title	& description).					
COMMUNITY INVOL	VEMENT (list orga	nizations, da	tes and type of service, leade	rship positions held, if any):		
ADDITIONAL DELEVI						
ADDITIONAL RELEVA	ANT INFORMATION	N:				
Hobbies						
Spouse/partner's na	ıme (if applicable)					
Children's names &	ages (if applicable)				
Previous Rotary serv	vice, if any (club &	dates)				



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NAME OF ROTARY CLUB OF YORK MEMBER PROPOSING YOU FOR MEMBERSHIP:

I, the undersigned, being familiar with the requirements for, and conditions of membership as explain to me, make application for membership in The Rotary Club of York.
Type of membership: active member hybrid member
I understand that it will be my duty, if elected, to exemplify the object of rotary in all my daily contain and activities, and, at all times, to abide by the constitution and by-laws of the Rotary Club.
If elected, I agree to pay the admission fee of \$300.00 (unless a former member of any Rotary club) and the annual membership dues of \$1,360.00.
Printed Name
Signature
Date
Please return to (insert proposer's name and contact info)