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	ЭВ	
Preferred email					
EDUCATION (include high schoo	ıl, college, degrees, major				
MILITARY SERVICE:					
	(branch)	(rank)		(dates of service)	
EMPLOYMENT					
Present employer					
Business Street					



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zip City, state Work Email Work Phone Job Title **Key Duties** COMMUNITY INVOLVEMENT (list organizations, dates and type of service, leadership positions held, if any): **ADDITIONAL RELEVANT INFORMATION: Hobbies** Spouse/partner's name (if applicable) Children's names & ages (if applicable) Previous Rotary service, 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 explained to me, make application for membership in The Rotary Club of York.
Type of membership: active member
I understand that it will be my duty, if elected, to exemplify the object of rotary in all my daily contacts 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 \$1,400.00.
Printed Name
Signature
Date
Please return to (insert proposer's name and contact info)