

Membership Application

Date:

Name of Applicant:

Nickname:

(Print name in full: and nickname or name used by your friends and/or family.)

Rotarian who introduced me:

I, the undersigned, being familiar with the requirements for and conditions of membership, hereby make an application for membership to the Rotary Club of Lexington.

Under the Classification:

I am personally and actively in the business or profession covered by this classification and have my place of business or residence located within the territorial limits of the club.

I agree to pay the following annual charges **(\$222.50 to be billed quarterly)**.

- Dues - \$240.00 *(may be amended from time to time.)*
- Meals - \$400.00 *(may be amended from time to time.)*
- One Annual Cash Raffle Ticket - \$100.00
- One Annual Comedy/Music Night Ticket - \$50.00 *(may be amended from time to time.)*
- Rotary Foundation Sustaining Member - \$100.00

I hereby give my permission to the club to publish to its members my name and proposed classification.

My Firms Name:

My Position:

My Business Address:

My Residential Address:

Send Billing Statement to: Business Address

Residential Address

Bus. Phone:

Res. Phone:

Cell Phone:

Email:

Date of birth:

Previous Rotary Memberships:

Spouse's Name:

I understand that it will be my duty to exemplify the object of Rotary in all my daily contacts and activities, and always to abide by the constitution and by-laws of the Rotary Club of Lexington.

Signature:

Download and save the application then open in Adobe Reader or Acrobat to fill out or print & fill out manually.

Email the completed application to lexrotary@gmail.com, or

mail to: Rotary Club of Lexington, PO Box 615, Lexington MA 02420.