



Rotary Club of Lexington
Membership Form

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 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 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.

I agree to pay the annual dues of \$240.00*, meal expenses* (*currently \$20.00 per week approx 44 meetings/year.*) for myself and guests, buy 1 ticket for the annual Cash Raffle at \$100.00 and to become a Sustaining Member of the Rotary Foundation by contributing \$100.00 per year. These expenses will be invoiced quarterly by the Club Treasurer in accordance with the by-laws of the club. I hereby give my permission to the club to publish to its members my name and proposed classification.

****(as may be amended from time to time.)***

My Firms Name:

My Position: Proprietor Officer Partner Manager Executive (check one)

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:

Signature: