

# Rotary Club of Plymouth

## PROPOSED MEMBER APPLICATION

*I propose the person named below for active membership in the club. I have explained the objects, benefits and obligations of membership including regular attendance. If this person is elected I will actively help him/her to meet other members and become involved with a committee.*

### Personal Information

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Hometown: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Children's Names/Ages: \_\_\_\_\_

\_\_\_\_\_

### Business Information:

Business Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Business Specialty: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Describe in detail the business of employer or self employment:

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Describe in detail your duties:

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Education and Professional Training:

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Length of time with employer: \_\_\_\_\_ If less than 2 years, previous employer:

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Civic, Charitable, non-profit organization activities (please list past and present):

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Other club memberships:

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Hobbies and other special interests:

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## Rotary Club Information:

Has this person been a member or proposed to this or other Rotary Club?: \_\_\_\_\_

Where? \_\_\_\_\_ # of years \_\_\_\_\_ When? \_\_\_\_\_

Previous Classification: \_\_\_\_\_

Regular attendance is very important. Will this person regularly attend Thursday meetings and participate in Rotary functions and activities? \_\_\_\_\_

Does the proposed member meet the four-way test in both business and personal life?: \_\_\_\_\_

What are the reasons this person would like to join Rotary?

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Does he/she stand well in the community in general and professionally?: \_\_\_\_\_

How long have you known the proposed member?: \_\_\_\_\_

Proposed Member Classification: \_\_\_\_\_

Proposer: \_\_\_\_\_

Action of Board of Directors:

Committee Referrals: \_\_\_\_\_

Final Approval: \_\_\_\_\_

Action of Classification Committee:

Primary Classification: \_\_\_\_\_

Subclassification: \_\_\_\_\_

*When this form is complete it should be given to the membership committee for Board approval or mailed to Rotary Club of Plymouth, PO Box 46453 Plymouth, MN 55446.*