



## ROTARY CLUB OF DOWNTOWN SIOUX FALLS MEMBERSHIP PROPOSAL FORM

I propose:

**Name** **Birthday** **Spouse**

**Business address** **Phone**

**Email address**

**Residence address** **Phone**

**Home Email address (if applicable)**

**If a former Rotarian, list club(s) and date(s) (for information only); not qualification criteria:**

**Qualification Check List:** (Click **YES** OR **NO**) (new members must meet one of the following criteria).

**Yes** **No** **1.** Is engaged as a proprietor, partner, corporate officer or manager of any worthy, recognized business, profession or community service organization; describe:

or

**Yes** **No** **2.** Holds a position of responsibility in an executive capacity with discretionary authority (supervisory, hiring or budgetary) in any worthy recognized business, profession or community service organization; describe:

or

**Yes** **No** **3.** Performs as the primary local agent or branch representative of any worthy, recognized business, profession, or community service organization; describe:

or

**Yes** **No** **\* 4.** Is considered a thought leader in our community; Is clearly working to make a lasting impact in our community; describe:

**\*#4: May require an interview with Qualification Committee**

**Name of firm/organization, current position, description of duties:**

**If retired, former firm/position held:**

**Activities that would enhance consideration as a Rotarian:**

**Describe how your membership will help the Rotary Club of Downtown Sioux Falls achieve its vision of becoming the most influential and engaged service club in the community, comprised of leaders who create a lasting impact/outcome in Sioux Falls:**

**Proposer's Name (Print)**

**"As the proposer, I agree to ensuring this new member, if selected, is appropriately on-boarded (introduced to others, encouraged to attend each week, accompanied to meetings as much as possible), attends orientation within 60 days of joining and will make myself available to support member at induction."**

**(Sign  
OR  
Type)**

**Date**

**"As a member, I agree to attend weekly meetings, to the best of my abilities. I understand that Downtown Rotary is engaged in the active support of community needs. As a member of this service club I understand there are initiatives that will require financial and/or volunteer support. Downtown Rotarians are leaders whose support in these areas is anticipated and in some cases expected."**

**(Sign  
OR  
Type)**

**Date**

**Qualification Committee:**



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**Please provide a 250 word or less professional bio to use by the Rotary Club of Downtown Sioux Falls if accepted as a member.**

**Please include a professional, color, hi-resolution headshot, no more than 5 MB, to be used by the Rotary Club of Downtown Sioux Falls if accepted as a member.**