

MEMBERSHIP APPLICATION

Title (Mr., Mrs., Ms., Dr., Rev., etc.): _____ Suffix (Jr., Sr., III, etc.): _____
First Name: _____ Middle Name: _____
Last Name: _____ Nickname: _____
Gender *(circle one)*: Male Female Other
Current/Former Employer: _____
Current/Former Position: _____
Retired *(circle one)*: No Yes
Birthday: _____
Spouse Name: _____ Anniversary _____

Contact Information

Home Address - Street: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Mobile Phone: _____
Email: _____

Business Address - Street: _____
City: _____ State: _____ Zip Code: _____
Business Phone: _____
Sponsor: _____
Former/Current Rotarian *(circle one)*: No Yes
If yes, RI Membership ID Number: _____
Former/Current Club Name: _____

I understand that, if accepted for membership, it will be my duty to exemplify the Object of Rotary in all my daily contacts and activities and to abide by the constitutional documents of Rotary International and the club. I agree to pay the annual dues of \$145 in accordance with the bylaws of the club. I hereby give permission to the club to publish my name and proposed classification, if applicable, to its membership.

Prospective Member Signature: _____ Date: _____

Submit application to:
Liverpool Rotary
PO Box 2952, Liverpool NY 13089
or email to LiverpoolRotaryClub@gmail.com

Rotary  **Liverpool**
Satellite Club
of Baldwinsville