Baldwinsville Rotary Membership Application

Once application is accepted for membership, this information will be added to the club's database so **please print legibly and fill in the application completely**. Thank you!

	Date:				
First Name:	_ Last Name:				
Middle Name or Initial:		Preferred N	ame:		
Spouse/Partner Name:		Anniversary:/			
Cell Phone:					
Home Address:					
City:State:	Zip:	Home	Phone: _		
Current (or former) Employer: _					
Position/Title:					
Work Address:					
City:State:					
Preferred E-mail Address:					
Please check one:					
This is a new application for I					
Sponsor:					
Rotarian Transfer: Applicant City					
Year joined: Resigned: _					
Positions held:					
I understand that, if accepted for member contacts and activities and to abide by the the annual dues of \$165 in accordance we name and proposed classification, if apple	e constitutiona ith the bylaws o	I documents of of the club. I he	Rotary Inte	national and the club. I a	gree to pay
Prospective Member Signature:				Date:	

Please submit application to: jljoslyn@hotmail.com or mail it to Baldwinsville Rotary, PO Box 713, Baldwinsville, NY 13027

More About You

Please provide additional information that will help us get you acclimated to the club! Have you been a member of a volunteer organization before? If yes, tell us about your experience: How did you hear about Rotary? What does Rotary mean to you? What do you hope to do in Rotary? What activities are you most and least interested in based on your current knowledge of Rotary: MOST: _____ What types of skills do you feel you can offer through volunteering? What questions do you have about Rotary or our club? What are your top two preferred methods of communication (check at least one, max two): Email () Phone Call ()Text () Other:_____ What other feedback would you like to share about the application process or your introduction to Rotary?