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:	Last Name:	
Middle Name or Initial:	Preferred Na	me:	
Spouse/Partner Name:		ersary:/	
Cell Phone:D	OB (m)/(d)	Are you 18 or older?	
Home Address:			
City:State:	Zip: Home P	hone:	
Current (or former) Employer:			
Position/Title:			
Work Address:			
City:State:			
Preferred E-mail Address:		·	
Please check one:			
This is a new application for mer	•		
		Club	
Oity	State	Country	
Year joined: Resigned:	PHF Status :	RI Membership #:	
Positions held:			
I understand that, if accepted for membershi contacts and activities and to abide by the co the annual dues of \$170 in accordance with t name and proposed classification, if applicab	nstitutional documents of R he bylaws of the club. I here	otary International and the club. I agree 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?