

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 Name: _____

Spouse/Partner Name: _____ Anniversary: ____/____/____

Cell Phone: _____ Birth Date ____/____/____
(year is confidential, for Rotary International use only)

Home Address: _____

City: _____ State: ____ Zip: _____ Home Phone: _____

Current (or former) Employer: _____

Position/Title: _____

Work Address: _____

City: _____ State: ____ Zip: _____ Work Phone: _____

Preferred E-mail Address: _____

Please check one:

This is a new application for membership

Sponsor: _____

Rotarian Transfer: Applicant is a former member of _____ Club

City _____ State _____ Country _____

Year joined: _____ Resigned: _____ PHF Status : _____ RI Membership #: _____

Positions held: _____

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 \$135 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: _____

Please submit application to: Secretary Lizzy Flinn-Brown at ebrown@advancemediany.com or mail it to Baldwinsville Rotary, PO Box 713, Baldwinsville, NY 13027