



# CARLSBAD HI-NOON ROTARY

## NEW MEMBER APPLICATION

**Name:** \_\_\_\_\_

*(Please Print)*                      *(First)*                                      *(Middle)*                                      *(Last)*

Nickname: \_\_\_\_\_ Spouse/Partner (circle) Name: \_\_\_\_\_

**Membership Category:** Active \_\_\_\_\_ Flex \_\_\_\_\_

Rule of 85 \_\_\_\_\_ Corporate/Spouse \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

**NOTE:** Birth and wedding dates are used by Rotary for recognition purposes only.

Wedding anniversary (MM/DD/YY): \_\_\_\_\_ Spouse/Partner DOB: (MM/DD/YY): \_\_\_\_\_

Hobbies, interests: \_\_\_\_\_

**Business Name:** \_\_\_\_\_

Title/Responsibility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preference for Rotary correspondence to be sent: (Circle one)    **Business**                      **Home**

Rotary Classification: \_\_\_\_\_ *(Classifications are determined by the Membership Committee)*

Rotary Sponsor: \_\_\_\_\_

### Prior Rotary Membership

Prior Rotarian?                      Yes    No    Your Rotary International ID Number: \_\_\_\_\_

Paul Harris Fellow?                Yes    No

Prior Rotary Club: \_\_\_\_\_ District \_\_\_\_\_

Positions previously held in Rotary: \_\_\_\_\_

Carlsbad Hi-Noon induction date: \_\_\_\_\_

Golf Shirt Size:  Men's  Women's (Circle One)    S    M    L    XL    XXL

### I AGREE:

I have met with a member of the club and understand the requirements for and conditions of membership for the category: \_\_\_\_\_

I agree to pay the \$100 initiation fee and any other dues or assessments including, but not limited to, the quarterly dues and fees plus any other assessments as determined by the Board of Directors of the Carlsbad Hi-Noon Rotary Club, Rotary International and/or local Rotary District 5340. (The quarterly dues may be adjusted based on the date of induction into the club.)

I hereby give my permission to the club to publish to its members my name and proposed classification.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Comments: \_\_\_\_\_

Please return your New Member Application to **Jani Jackson, Membership Chair**, at [Jani@developyourteam.com](mailto:Jani@developyourteam.com)

