



The Saint Paul Sunrise Rotary Club

“Each Day Rising To Make The Difference”

Membership Application

Contact:

Paul Kotz

Membership Chair

paul_kotz@yahoo.com

612.618.4804

I, the undersigned, being familiar with the requirements for and conditions of membership as explained within this brochure and contained within the Constitution and ByLaws, hereby make application for membership in the St. Paul Sunrise Rotary Club of membership and classification will be determined by the appropriate committees and I understand that it will be my duty, if elected to membership, to exemplify the Object of Rotary and the Four Way Test in all my daily professional and personal contacts and activities and to abide by the Constitution and ByLaws of The Saint Paul Sunrise Rotary Club. I agree to pay the dues and assessments in accordance within the ByLaws of the club. I hereby give permission to the club to publish my name and proposed classification as a potential member.

My Full Name _____

My Organization's Name _____

Classification (profession): _____

My position (check one) Proprietor Officer Partner Manager Executive Other (explain)

My Organization's Address _____

City, State, Zip _____

Business phone _____ Business FAX _____

Email address _____

My residence address _____

City, State, Zip _____

Residence phone _____ Cell phone _____

Previous Rotary memberships _____
(club name and member number if known)

Date of birth _____ Wedding Anniversary _____

Signature _____ Date of application _____

Payment Please return application and check made out to St. Paul Sunrise Rotary
\$100 Application Fee (Waived for Previous Rotary Members)
\$120 Quarterly Membership Dues – (Dues will be prorated if joining mid quarter)