

BUFFALO NIAGARA MEDICAL CAMPUS ROTARY MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Address:		Phone:
City:		Cell Phone:
State:	Zip:	Date of Application:
Personal Email:		
Sponsoring BNMC Member Printed Name and Signature:		

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	
City:	State:	ZIP Code:
Title:	Specialty Area:	

EDUCATIONAL BACKGROUND

Last School Attended:	
Degree Earned:	Major
Additional Degree(s) (if applicable)	
Major:	

VOLUNTEER COMMITTEE/CLUBS MEMBERSHIPS OR BOARDS (CURRENT AND MOST RECENT PAST)

1.	
2.	
3.	
4.	
5.	
6.	
Prior Rotary Membership: YES NO	If yes, Rotary name:

BNMC ROTARY- SERVICE ABOVE SELF

BNMC Annual Dues: \$300 – made in one annual or two semi-annual payments

We are a service club. While networking is a positive by-product of our work, we exist to serve others. We support local and international efforts to improve the quality of life of those in need. Attendance at our weekly one-hour meeting (5-6:00 PM Monday) at Jacob's Institute; fifth floor is encouraged. Involvement in committees and service projects strongly recommended.

Reasons for seeking membership in BNMC Rotary (use back of THIS form)

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REASONS FOR SEEKING MEMBERSHIP IN BNMC ROTARY

Applicant Signature/Date