

MEMBERSHIP APPLICATION

CONTACT: **Rotary President**
PO Box 63
Mankato, MN 56002

CONDITIONS

I the undersigned, being familiar with the requirements for and conditions of membership:

- **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.**
- **I agree to pay the dues and assessments in accordance within the policies of the Greater Mankato Club.**
- **I hereby give permission to the Club to publish my name/photo and proposed classification as a potential member.**

Full Name _____

Name I prefer on Nametag _____

Business Name (or business at time of retirement) _____

Business Address _____

Business Phone _____

Email _____

Residence Address _____

Residence Phone _____

Cell Phone _____

Preferred Address (select one) Business Residence

Previous Rotary Memberships _____

Date of Birth _____

Date of Application _____

Sponsored by (Rotarian) _____

Signature _____