

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: _____

Preferred Name (for Nametag): _____ Date of Birth: _____

Business Name* _____

**Or name of 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: _____

Sponsored by (Rotarian): _____

Select membership payment option:

- Plan A: \$1000/year all meeting meals included
- Plan B: \$400/year NO meeting meals included/optional \$10 per meal

Select optional volunteer discount

- \$160 Discount/year with 16 volunteer hours on Rotary events annually
- I do not wish to track my volunteer hours – I will pay full price

Note: Volunteer hours may be changed annually and will be tracked & reported quarterly.

Signature _____ Date _____