

Waunakee Rotary Club  
 PO Box 159  
 Waunakee, WI 53597



**Quarterly Dues**  
 \$120 per quarter + Meals  
 (\$15/Meal billed in arrears quarterly)

## MEMBERSHIP PROPOSAL FORM

<b>Last Name</b>		<b>First Name</b>		<b>M. Initial</b>	<b>Date Of Birth (MM/DD/YY)</b>
<b>Business Address</b>			<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Business Phone Number</b> (    )		<b>Business Email</b>			<b>Preferred email?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Position and/or Title</b>					
<b>Home Address</b>			<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Phone Number</b> (    )		<b>Personal Email</b>			<b>Preferred email?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>SPOUSE/PARTNER Last Name</b>			<b>SPOUSE/PARTNER First Name</b>	<b>Anniversary (MM/DD/YY)</b>	
<b>Children Name(s) &amp; Age(s)</b>					
<b>Previously a Rotary Member</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>If Yes:</b> Name of Club: _____ Dates of Membership: _____			
<b>Member Sponsor's Name</b>		<b>Date</b>	<b>Sponsor Signature</b>		
<b>PROPOSED CLASSIFICATION:</b>					
<b>APPLICANT STATEMENT</b>					
By signing my name below, I hereby certify that I am qualified for membership and I understand that it will be my duty, if approved for membership, to exemplify the Object of Rotary in all my daily contacts and activities and to abide by the bylaws of Rotary International and the Waunakee Rotary Club and to pay my membership dues in accordance with the bylaws of the club. I also hereby give my permission to the club to publish my name and proposed classification to its membership records and publications.					
<b>SIGNATURE</b>				<b>DATE</b>	

<b><u>APPROVALS – ADMINISTRATIVE USE ONLY</u></b>	
<b>DATE RECEIVED</b> _____	<b>MEETINGS ATTENDED</b> 1. _____ 2. _____ 3. _____
<b>APPROVED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>DATE NOTIFIED OF DECISION</b> _____
<b>APPROVED CLASSIFICATION:</b> _____	