

Waunakee Rotary Club
PO Box 159
Waunakee, WI 53597



Quarterly Dues + Meals
Dues to be determined annually
\$20/Meal billed in arrears quarterly

MEMBERSHIP PROPOSAL FORM

Last Name	First Name	M. Initial	Date Of Birth (MM/DD/YY)
Business Name/Company			Retired? <input type="checkbox"/> YES
Business Address	City	State	Zip Code
Business Phone Number ()	Business Email		Preferred email? <input type="checkbox"/> YES <input type="checkbox"/> NO
Position and/or Title			
Home Address	City	State	Zip Code
Cell or Home Phone Number ()	Personal Email		Preferred email? <input type="checkbox"/> YES <input type="checkbox"/> NO
SPOUSE/PARTNER Last Name	SPOUSE/PARTNER First Name	Anniversary (MM/DD/YY)	
Children Name(s) & Age(s)			
Previously a Rotary Member <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes: Name of Club: _____ Dates of Membership: _____		
Member Sponsor's Name	Date	Sponsor Signature	
PROPOSED CLASSIFICATION (Area of Expertise – Applicant Choice:			
APPLICANT STATEMENT 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.			
SIGNATURE		DATE	

Please email this completed form to waunakeerotaryclub@gmail.com
or give to the club Secretary, Kylie West, at an upcoming meeting.