

Waunakee Rotary Club  
 PO Box 159  
 Waunakee, WI 53597



**Quarterly Dues**  
 Full Membership: \$60 per quarter + Meals  
 Corporate: \$60 per quarter + PAYGO Meals  
 Family Membership: \$60 per quarter + PAYGO Meals

## MEMBERSHIP PROPOSAL FORM

- FULL MEMBERSHIP** (New Business/Member)
- CORPORATE MEMBERSHIP** (Additional member under an existing business)
- FAMILY MEMBERSHIP** (Additional family member of existing member)

<b>Last Name</b>		<b>First Name</b>	<b>M. Initial</b>	<b>Date Of Birth</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>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>SPOUSE Last Name</b>		<b>SPOUSE First Name</b>		<b>Anniversary</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 or typing 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>APPROVALS – ADMINISTRATIVE USE ONLY</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>MEMBER #</b> _____	
<b>ANNOUNCEMENT DATE</b> _____		<b>INDUCTION DATE</b> _____			
<b>CLASSIFICATION:</b> _____					