Rotary Club of St. George, LA

MEMBERSHIP APPLICATION

Rotary Club of St. George, LA · District 6200

Please type directly into this form, save it, and email the completed PDF to our Membership Chair (no photos or scans, please).
*Fields marked * are required by Rotary International and District 6200 for your membership record (DACDB).*

1. APPLICANT INFORMATION

Title (Mr., Ms., Dr.)	Full legal name (first, middle, last) *	Preferred name / nickname

Date of birth (mm/dd/yyyy) *	Mobile phone (preferred) *	Home phone ☐ Same as mobile

Personal email (used for club communications) *	Preferred contact method
	☐ Email ☐ Text ☐ Phone call

2. HOME & MAILING ADDRESS

Home street address (include apt./unit) *

City *	State *	ZIP code (ZIP+4 if known) *

☐ **Mailing address is the same as my home address** — *otherwise complete the mailing address below (ZIP required).*

Mailing street address or P.O. Box (if different from home)

City	State	ZIP code (ZIP+4 if known)

3. OCCUPATION & EMPLOYMENT (OR FORMER EMPLOYMENT IF RETIRED)

Employer (or former employer if retired)	☐ Check if retired

Job title / position	Occupation / classification (your business or profession) *

Work street address (include suite)

City	State	ZIP code

Office phone	Ext.	Work email	Fax (optional)

4. SPOUSE / PARTNER (OPTIONAL — USED FOR CLUB SOCIAL EVENTS)

Status: ☐ Single ☐ Married ☐ Partner ☐ Widowed ☐ Prefer not to say

Spouse / partner name	Spouse / partner birth date (mm/dd/yyyy)	Anniversary date (mm/dd/yyyy)

5. PRIOR ROTARY MEMBERSHIP / TRANSFER

Have you ever been a member of a Rotary club (or are you transferring from another club)? ☐ Yes ☐ No

Former club name	District	Years (from – to)	RI Member ID (if known)

6. REFERRAL & SPONSOR (OPTIONAL)

Not required. If a current member referred you, list them here.

How did you hear about our club?

Sponsor / referring member (optional)	Sponsor signature (optional)	Date (mm/dd/yyyy)

7. DUES, CONSENTS & ACKNOWLEDGMENTS

Dues fields are completed by the club before this form is sent to the applicant.

Membership dues ($)	Billed (frequency)	Dues notes (meals, RI / District share, how to pay)

May we list your name and contact information in the club member directory (shared with members only)? ☐ Yes ☐ No

May the club use photos of you taken at Rotary events in our newsletter, website and social media? ☐ Yes ☐ No

☐ I understand the membership dues and billing terms stated above and agree to pay them when billed. *

☐ I have read and agree to follow the Rotary Code of Conduct and The Four-Way Test (below). *

THE FOUR-WAY TEST — of the things we think, say or do:

1. Is it the TRUTH? 2. Is it FAIR to all concerned? 3. Will it build GOODWILL and BETTER FRIENDSHIPS? 4. Will it be BENEFICIAL to all concerned?

8. SIGNATURE

Printed name *	Signature of prospective club member *	Date (mm/dd/yyyy) *

We are looking for people who want to give back to the community. Your application will be shared by our Membership Chair with current members for review. You will be contacted about our decision within two weeks. Thanks for your interest in our club!

FOR CLUB USE ONLY

Date received	Membership Chair initials	Board approval date	Admission / induction date	District notified (date)

RI Member ID	ClubRunner member no.	☐ Entered in DACDB	DACDB entry date	Entered by (initials)