

Application for Associate Membership



Name: _____

Preferred Address: _____

Home _____ or Business _____

Preferred E-mail Address: _____

Preferred Phone: _____ Mobile: _____

Date of Birth: _____

FAMILY INFORMATION: (Optional)

Significant Other/Spouse Name: _____

Name(s) of children: _____

Home Rotary Club Membership Information:

Rotary Club Name: _____

City/State of Current Club: _____ Occupation/Classification _____

COMMUNITY ACTIVITY:

Please share any community positions, projects, organizations you are affiliated with that you would like the CAAHT Rotary Club to be aware of.

I am currently a regular member of another Rotary Club and interested in attending and supporting the work of the Rotary Club of CAAHT in fighting human trafficking. As an Associate Member of the Rotary Club of CAAHT, I am eligible to attend all regular meetings, board meetings, service projects, grant meetings, and social activities of the club. I understand that as an Associate member I am not eligible to vote or hold office and must retain my membership in my home club to retain membership in Rotary International. I am eligible to become a regular member of the Rotary Club of CAAHT upon termination of my membership in my home club and notification and board approval of my intent to become a "regular" member.

I agree to maintain confidentiality of all information presented and discussed at CAAHT Rotary meetings as revealing such information could cause unintended harm to others.

I understand that the Rotary Club of CAAHT Associate Member dues are \$50/year, payable upon acceptance of my application for membership.

Signature

Date

ADMINISTRATIVE ONLY:

Approved by: _____

Induction Date: _____