

Application for membership



Applicant Information	Name				
	Prefix	First	Middle	Last	Suffix
	Preferred name		Spouse/Partner name		
	Date of birth		Name of sponsor		
	Job description				
Previous Rotary Club Membership (if applicable)					
	Club name		Club locality		

Contact Information	Primary		Secondary	
	Address		Address	
	City		City	
	Zip		Zip	
	Phone		Phone	
	Cell		Cell	
	Email		Email	

Service	Service areas of interest to you		Areas in which you can contribute to the club	

Declaration

I understand and agree that upon acceptance of my application by the Rotary Club of Round Rock Sunrise that I will pay the pro-rated quarterly dues, and that any information provided on this form will be shared with Rotary International and Rotary District 5870. I also understand that I will be billed quarterly for dues per the schedule of fees that have been provided to me.

Applicant signature

Official Use Only

Received by Board	Member notification sent	Reviewed by Board	Inducted / Rejected