

Rotary Club to Combat Human Trafficking

Membership Application

Proposed Member Data

Name of Proposed Member: _____

Home Address: Street/City/Zip: _____

Telephone: _____ E-mail: _____

Preferred Name for Badge: _____ Type of Business/Profession: _____

Birthday: ___/___/___ Former Rotarian: Yes ___ No ___

If Yes: Name of Former Club: _____

Member ID: _____ District: _____

Entry Date to Rotary: _____

Spouse: _____ Birthday: ___/___/___ Anniversary: ___/___/___

Volunteer Services: Other organizations, Boards, Offices Held, Achievement Awards

Sponsor Data

Sponsor: _____

Why would this person make a good Rotarian? _____

Are you willing to serve as this prospect's mentor for the first six months of membership? Yes ___ No ___

Proposed Classification: _____

Submitted by: _____ Date: _____

Administration Data

Membership Orientation Conducted: Date: ___/___/___

Candidate's Agreement

I understand and agree that by signing this Application for Membership I am indicating my intention to become a full member of the Rotary Club of District 5840 to Combat Human Trafficking.

In the event this Application for Membership is presented to, approved, and accepted by the Rotary Club of District 5840 to Combat Human Trafficking Board, I understand I will on that day become a member and I agree I am entitled to all benefits and responsibilities of membership, to include the full and timely payment of dues and fees of membership.

Signature: _____ Date: ___/___/___