Rotaract
Club of Watertown

Date: _____

Rotaract Club of Watertown Membership Form

Instructions & Elligibility

- Please fill out this form as best you can to proceed with club membership.
- Required fields are marked with an asterisk.
- You must between the ages 18 to 40 years old to be a member.

Membership Benefits

- Coordinated service projects and opportunities ready to show up and participate and covered by Rotary International insurance at service projects/activities.
- Networking events and organized social events. Depending on the event, free drink and food.
- Free attendance to group led personal and professional development events.
- Discounted tickets or possibly free to local community fundraisers, personal growth workshops, and professional development events.
- A dedicated local network of 18-40 year old young professionals to lean into and connect with.

Expectations

- By filling out this form and paying for membership you are agreeing to:
    - Participate in club led events (attendance in a top priority but not mandatory)
    - Be involved with service projects/activities
    - Attend member meetings as scheduled
    - Advocate for club membership and sponsor club (Rotary)
    - Engage with other club members in a meaningful way to build local network

PERSONAL INFORMATION

*Full Name: _____ Nickname:_____

*Birthday:_____/_____/_____ *T-shirt Size: _____

Home Address:_____

City: _____ State: _____ Zip Code: _____

*Preferred Phone: _____ Work or Personal? _____

*Preferred E-Mail: _____ Work or Personal? _____

Can we send you calendar invites to this preferred email (Yes or No)? _____

Employer: _____ Position: _____

Direct Phone: _____ Work E-Mail: _____

EMERGENCY CONTACT INFORMATION

*Full Name: _____

*Phone: _____ *Relationship: _____

*Email: _____

EDUCATIONAL BACKGROUND

High School/GED: _____

Technical School/Undergraduate: _____

Graduate: _____

Other: _____

ROTARY EXPERIENCE (if any)

_____

COMMUNITY SERVICE AREAS OR ORGANIZATION OF INTEREST

_____

HOBBIES, TALENTS, PERSONAL INTERESTS

_____

FOREIGN LANGUAGES (if any)

Language 1: _____ Fluency Level: _____

Language 2: _____ Fluency Level: _____

PAYMENT METHOD

Payment is required before you may enjoy member benefits.

_____ Mailed in cash or a check to Rotaract, PO BOX 147 Watertown, SD 57201

Check Number: _____

_____ Pay with a credit/debit card with Jen over the phone by calling (605) 520-0795.

_____ Send an invoice to my employer at the information below.

Person: _____

Employer: _____

Address: _____

City: _____ *State:* _____ *Zip Code:* _____