

NEW MEMBER APPLICATION



MEMBER:

Last Name _____ First _____ Middle _____

Address _____

City/State/Zip _____

Home _____ Cell: _____

Email _____ Date of Birth _____

SPOUSE:

Spouse Name _____

Spouse Birthday _____ Wedding Anniversary Date _____

BUSINESS:

Company Name _____

Occupation/Title _____

Address/City/State/Zip _____

Phone _____ Web _____

CLUB:

Member Nickname _____ (for member badge)

Classification _____ Sponsor _____

Membership Type (check one):

- STANDARD** (quarterly RI/District dues plus quarterly meals billed in advance; 60% weekly attendance encouraged) Cost: \$100 quarterly dues
- BUSINESS** (quarterly RI/District dues plus quarterly meals billed in advance; designate up to three employees to alternatively attend weekly meetings) Cost: \$100 quarterly dues
- FAMILY** (quarterly RI/District dues plus quarterly meals billed in advance; 60% weekly attendance encouraged from either spouse) Cost: \$100 quarterly dues
- SERVICE** (quarterly RI/District dues plus quarterly meals billed in advance; participate in one service project per quarter; serve on one Committee or Working Group) Cost: \$100 quarterly dues
- OTHER (Active - Rule of 85; Honorary)
- Paul Harris Fellow? / If yes, which Rotary year? _____

Please complete and return this form to the Club Secretary or mail to: PO Box 394, St. Michaels MD 21663