

MEMBERSHIP APPLICATION FORM

Racine Founder's Rotary Club

District 6270



Proposer: Complete the top portion of this application
Forward to Membership Chairperson

Name Proposed _____

Home Address _____

Home Phone _____ Home E-Mail _____

Business Address _____

Business Phone _____ Business E-Mail _____

Position _____ Firm or Organization _____

Date of Birth _____ Partner's First Name _____

Date of Marriage _____ Place of Marriage _____

Why would you like to be a member of Racine Founder's Rotary Club? _____

Activities which would enhance consideration as a Rotarian _____

Proposed By _____

By signing below I acknowledge that I am responsible for all membership dues and associated fees required for active membership in the Racine Founder's Rotary club. The proposed new member above shall reimburse Racine Founder's Rotary Club for all costs incurred in collection of unpaid fees (including reasonable attorney's fees and court costs).

Proposed New Member _____ Date _____

(Bottom portion to be completed by appropriate club committee members)

Classification to be loaned _____

Type _____

Chairman _____

Membership Committee Date Approved _____ Date Not Approved _____

Chairman _____

Board of Directors Date Approved _____ Date Not Approved _____

President _____