

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 at \$75 per quarter.

Applicant signature _____

Official Use Only

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