

Monticello Rotary Membership Application

Name: _____

Company Name: _____

Company Address: _____

City : _____ Zip Code: _____

Phone: _____ Cell (optional): _____

E-Mail Address: _____

Principal Activity of Occupation: _____

Home Address: _____

City: _____ Zip Code: _____

Phone: _____

Spouse: _____ Children: _____

Birth Day: _____ Month: _____ Year: _____ (For International purposes only and not for distribution)

Activities / Hobbies: _____

Anniversary(if married) _____

I herby certify that I am personally and actively engaged in the business or profession or professional activity covered by the classification that has been proposed for me and that my place of business or residence is located within the territorial limits of the club or within the corporate limits of the city in which the club is located or within an immediately adjoining territory.

I understand that it will be my duty, if elected, to exemplify the Object of Rotary in all my daily contacts and activities, and to abide by the constitution and bylaws of the club. I understand that part of my membership dues will provide me an annual subscription to the official magazine or an approved and prescribed regional magazine as may be applicable. I agree to pay quarterly dues of \$100.00 in accordance with the bylaws of the club. I also understand that every member is urged to donate \$100 per year to the Rotary Foundation. I herby give permission to the club to publish my name and proposed classification to its members.

Date

Applicant Signature

Date

Proposer's Signature

FOR CLUB PURPOSES

Date application received: _____

Date of first reading: _____

Date of second reading: _____

Date Board Approved: _____

Date Inducted: _____