

Rotary



Rotary Opens Opportunities

ROTARY CLUB OF RIPON MEMBERSHIP APPLICATION FORM

Name: _____

Home Address: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Business/Employer Name: _____

Position, Title, or Description: _____

Business Address: _____

Email: _____

Date of Birth: _____ Place: _____

Partner's _____ Name: _____

Children's Names: _____

Proposed _____ Classification: _____

Previous Rotary Club, if any: _____

Personal Background, Hobbies, Activities: _____

Which club activities interest you most? Please mark any/all boxes that apply.

- | | | | | |
|---|---------------------------------------|-----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Programs | <input type="checkbox"/> Projects | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Social Media | <input type="checkbox"/> Sunshine | <input type="checkbox"/> P.R. | <input type="checkbox"/> Foundation |
| <input type="checkbox"/> Children | <input type="checkbox"/> Teenagers | <input type="checkbox"/> Events | <input type="checkbox"/> Year Round Jobs | <input type="checkbox"/> Board |

I hereby certify that if accepted to Membership of the Rotary Club of Ripon, that as a Rotarian I will exemplify the Object of Rotary in all my daily contacts and will abide by the constitutional documents of Rotary International and the club. I agree to pay an initiation fee and dues in accordance with the

Bylaws of the Rotary Club of Ripon.

Signature: _____ Date: _____

Proposed Member Nominated by: _____

Date of Board Approval: _____ **Secretary Signature:** _____

Date of Board Approval: _____ **Secretary Signature:** _____
