



Rotary Club of Springfield Membership Application

Name: _____ Date of Application: _____

Personal Phone: _____ Work Phone: _____

Email Address: _____ Website: _____

Employer: _____ Position: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Length of Time in Position: _____ Length of Time in Springfield: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Spouse: _____ Children: _____

Member Birthday: _____ Spouse Birthday: _____

Prior Rotary Membership: _____

(To Be Filled Out by Sponsor)

Please state this applicant's qualifications for membership in the Rotary Club of Springfield, and why you believe this applicant will enhance the membership of this club.

Applicant Signature: _____ Sponsor Name: _____

**Please submit a copy of your Resume or Curriculum Vitae (CV) with your application.*



Rotary Club of Springfield

Obligations of Membership

Costs

- Initiation Fee: \$175
- Dues: \$130 Semi-Annually
- Service Fund Fee: \$50 Semi-Annually
- Meals: \$350 Semi-Annually

Dues and Meals are billed semi-annually in July & January.

Submission

Please return the completed application to the Executive Secretary.

Email: kim@cmsmgt.com

Fax: 417-886-3685

Rotary Club of Springfield
4730 S. National Ave., Bldg. A1
Springfield, MO 65810

