

Rotary Club of O'Fallon-Sunrise

MEMBERSHIP APPLICATION

Personal Information

Name: _____

Badge Name: _____
(Name as you want it to appear on your Rotary Badge)

Home Address: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

Birth Date/Age: _____

Spouse Name: _____

Former Rotarian? _____

Transferring From? _____

Rotarian Sponsor: _____

Family Membership? Y N Name of primary Rotarian? _____

Professional Information

Business Name _____

Business Address _____

Business Phone: _____

Business Fax _____

Position: _____

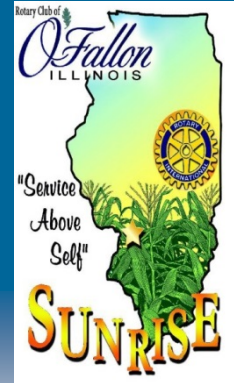
Classification: _____

Preferred Mailing Address: Business Home

(Circle One)

T-Shirt Size (Check One; sizes run small): XXL XL L M S

Meeting
Wednesdays
6:45am
O'Fallon Township
Building
801 East State Street
O'Fallon, IL 62269



Rotary Club of O'Fallon-Sunrise

MEMBERSHIP DUES INFORMATION

Initiation Fee

\$50.00 One Time Charge

Quarterly Option

Dues	\$100.00
Rotary Foundation Sustaining Member (Optional)	\$25.00
Polio Plus Contribution (Optional)	\$12.50

Annual Option

Dues	\$370.00
Rotary Foundation Sustaining Member (Optional)	\$100.00
Polio Plus Contribution (Optional)	\$50.00

Please submit this application to **Membership Chair Carl Lurk** (or bring to a meeting).

705 Victoria Lane
O'Fallon, IL 62269
(E) carll@kebcpa.com
(C) 618-406-2741

Meeting

Wednesdays

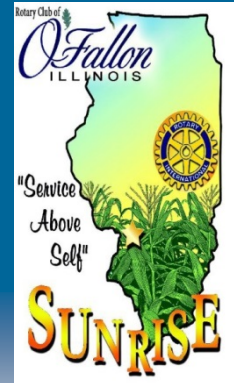
6:45am

O'Fallon Township

Building

801 East State Street

O'Fallon, IL 62269



www.ofallonsunriserotary.org
www.rotary.org

Membership Chair:

Carl Lurk

618-406-2741(C)

carll@kebcpa.com

President:

Mary Jo Nowobilski

618-531-5170 (C)

mjnoah@charter.net