

FRANKIN ROTARY CLUB P.O. BOX 82 FRANKLIN, INDIANA 46131

CORPORATE MEMBERSHIP APPLICATION

Corporation Name				
Name - Applicant #1	/Title:	Date of Birth:		
Name - Applicant #2	/Title:	Date of Birth:		
Name - Applicant #3	/Title:	Date of Birth:		
Name - Applicant #4	/Title:	Date of Birth:		
Business Address:	Business Telephone:			
Applicant #1 : Home Address:	Preferred Telephone:			
Preferred Email:	Spouse:			
Applicant #2 : Home Address:	Preferred Telephone:			
Preferred Email:	Spouse:			
Applicant #3 : Home Address:	Preferred Telephone:			
Preferred Email:	Spouse:			
Applicant #4 : Home Address:	Preferred Telephone:			
Preferred Email:	Spouse:			

If any applicants are former Rotarians, list club(s) and date(s), offices held, etc:

Comments: _____

Proposed Classification (leave blank if unknown)_____

Franklin Rotary Club – Membership Application and Proposal Continued

Applicant Statement:

I hereby apply for membership in the Franklin Rotary Club. I confirm that I am qualified for membership both by my current or former executive position and by having a place of business or residence within the Franklin Rotary Club's surrounding area.

If elected for membership, I understand that it will be my duty to exemplify the Object of Rotary in all my daily contacts and activities and to abide by the constitutional documents of Rotary International and the Franklin Rotary Club. I agree to pay a fee of \$50.00 per member and annual dues of \$180 per member in accordance of the bylaws of the club. Meals will be charged as described in the Corporate Membership Policy.

I hereby give permission to the Franklin Rotary Club to publish my name and proposed classification to its membership.

Authorized Applicant	Applicant Signa	ature	Date
Proposed By	Proposer's Si	gnature	 Date
OFFICE USE: Franklin Rot	ary Club Membe	rship Application an	d Proposal Record of Action
Application Received		_ Admission Fee Rec	ceived
Proposed Member Name Published	d to Membership	– Date:	
Rotary Information Session Held by	y:	Da	ate:
Classification			
Admission Date:		Induction Date:	
Membership Data Submitted to RI	– Date:		