Designated Member 1 (DM-1) in a Corporate Membership is the highest-ranking member from the Organization/Company. DM-1 is where any official Rotary Club of Sandusky “Corporate Member” info will be directed. All Members in a Corporate Membership are full active members of Rotary.

COMPANY OR ORGANIZATION NAME:

Name of Member DM-1:

Job Title:

Work Address: City, State, Zip:

Email: Work/Cell Phone:

Home Address: City, State, Zip:

Birthday (year optional): Spouse or Significant other:

I, the undersigned, being familiar with the requirements for and conditions of RI membership as explained in this prospective member packet do hereby make application for active membership in the Sandusky Rotary Club with a classification (vocation / industry) of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_. If uncertain of classification, leave blank and the club will assign for you.

I understand that it will be my responsibility to embrace the opportunity of being a Rotarian committing to performing all business and personal actions and transactions with the 4 Way Test in mind. Taking action and collaborating with all Rotarians with Service Above Self in mind, is a part of becoming a Rotarian.

I hereby agree to have my annual dues to RI, District 6600, and the Sandusky Rotary Club to be covered by my Company as part of its Corporate Membership. Should I leave the company, I will convert my membership to an Individual Membership and pay the annual dues in two payments moving forward and the company will have the opportunity to add a replacement name in that case. I understand that I will be attending the weekly luncheons at Sandusky Yacht Club each Thursday according to my Company’s Corporate Membership Guidelines.

I agree to participate in the service projects and fundraisers of the club as well as attend club meetings and District events as available. I also understand that members are encouraged to attend occasional added programs such as: Rotary After 5, Annual Picnic, Luncheon and Day at Cedar Point, and any social events that may be added to the calendar year.

I agree to support the Rotary International Foundation with appropriate contributions striving to reach $100 per year to earn Paul Harris Fellow level of recognition granted when the accumulated total of giving to Rotary International Foundation reaches $1,000.

DM-1 Authorized Signature for RI Corporate Membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPANY OR ORGANIZATION NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Member DM-2: Job Title:

Home Address:

City, State, Zip:

Email:

Home/Work Phone: Cell Phone:

Birthday (year optional):

Spouse or Significant other:

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DM-2 Applicant Signature for RI Corporate Membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPANY OR ORGANIZATION NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Member DM-3: Job Title:

Home Address:

City, State, Zip:

Email:

Home/Work Phone: Cell Phone:

Birthday (year optional):

Spouse or Significant other:

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DM-3 Applicant Signature for RI Corporate Membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPANY OR ORGANIZATION NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Member DM-4: Job Title:

Home Address:

City, State, Zip:

Email:

Home/Work Phone: Cell Phone:

Birthday (year optional):

Spouse or Significant other:

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DM-4 Applicant Signature for RI Corporate Membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPANY OR ORGANIZATION NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Member DM-5: Job Title:

Home Address:

City, State, Zip:

Email:

Home/Work Phone: Cell Phone:

Birthday (year optional):

Spouse or Significant other:

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DM-5 Applicant Signature for RI Corporate Membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_