THE OFFICIAL MEMBERSHIP APPLICATION FOR
The Rotary Club of Cranberry Township (Noon) Pennsylvania
District/Club Number 7280/5130
www.cranberryrotary.org

Applicant's Full Name _____ Nickname _____

(Please print your name including your middle initial and please add nickname or name used by your friends)

I, the undersigned, being familiar with the requirements for and conditions of membership as explained below and contained in the constitution and the bylaws, hereby make application for Active Membership in the Cranberry Township Noon Rotary Club.

My Classification will be (Club Secretary will complete this information) _____

I am personally and actively engaged in and or retired from the business or profession covered by this classification and have my place of business and/or residence located within the territorial limits of the Cranberry Township Noon Rotary Club, i.e., the Township of Cranberry and its surrounding municipalities.

I agree to pay the annual dues of $200.00. In accordance with the bylaws of the Cranberry Township Noon Rotary Club, the annual dues will be billed semiannual at the rate of $100.00, plus a meals fee that will be added to our quarterly dues ($8.00 a week). Each member shall be an adult of goof character and good business or professional reputation, meeting the qualifications of Article IV, Section 3, of the "Constitution of Rotary International". It is the recommendation of the Cranberry Rotary Club that members donate at least $100 annually to the Rotary Foundation and $30 annually to the Polio Plus Program. These programs enable our Rotary Club to receive grants to help our club.

Position Held: ☐ Officer ☐ Owner ☐ Manager ☐ Executive ☐ President ☐ Other: _____

BusinessName/ Address: _____

Business Phone: ( ) _____ Business Fax: ( ) _____

Email Address: _____ (☐ Home or ☐ Business?)

Home Address: _____

Home Phone: ( ) _____

Previous Rotary Memberships (If Y, where/N) _____

Do you currently belong to any other Service Organization? (If Y, which?) _____

Previous Rotary Memberships (If Y, where/N) _____

Date of Birth: _____

Spouse's Name (if applicable): _____ Anniversary Day/Month: _____

Children's Name(s) and Year of Birth only

( ) _____ ( ) _____

( ) _____ ( ) _____

( ) _____ ( ) _____

Grandchildren's Names:

_____ _____

_____ _____

_____ _____

Hobbies/Interests: _____

Other affiliations: _____

Signature: _____ Date: _____

For Rotary Club Secretary's Use

Signed Member's Statement Received on: _____ Remittance Received on: _____

Date Membership Card Issued: _____ Date R.I. Notified: _____ Date D/7280 Notified: _____

Club Secretary's Signature: _____ RI Membership Number: _____