Rotary Club of La Crosse-After Hours — **Membership Application**

Applicant's Name:	Nickname: (Name used on name badge):		
Birthday:	Recruiter (Rotary member):		
Spouse's Name:	Wedding Anniversary:		
Residence Address:	City:	ST:	Zip:
Residence Phone:			
Previous Rotary Memberships	s (Club(s) and Years and RI ID #):		_
	iliar with the requirement for, and condid contained in the constitution and by-la Check type of membership:	ws, hereby make app	
Classification (your bus	iness or service profession):		
I am person	ally and actively engaged in the busines	s or profession cover	ed by this classification. Business
Name:	Position:		
Business Address:	City:	ST	C: Zip:
Business Phone:	Email:		
Pr	eferred Mail Sent to: 🗆 Home Addre	ess or 🗆 Business Ad	ldress
	y duty, if elected, to exemplify the object nstitution and by-laws of the Rotary Clause accordance with the bylaws	ub. I agree to pay the	
Initial Club Fee of \$15	; Quarterly Dues of \$40 or Annual Due	s of \$150 ; \$15 per fo	rmal meeting (2x/month)
	o the club to publish to its members my by the Board of Directors within ten day apply for members	s after my name is pu	
(Signature):			(Date):
	The Object of Ro	otarv	
	he ideal of service as a basis of worthy	enterprise and, in part	icular, to encourage and foster:
Second: High ethical standard the dignifying by each Rotaria Third : The application of the Fourth : The advancement of i	quaintance as an opportunity for service; in business and professions; the recogn's occupation as an opportunity to servideal of service by every Rotarian's person ternational understanding, goodwill, arons united in the ideal of service.	nition of the worthines re society; sonal, business and co	mmunity life;
	Membership in R	otary	
	hall be an adult of good character and g ations of Article V, Section 2, of the "C	ood business and pro	
termination. Should you	at Rotary-After Hours is responsible for payment of membership dues up until the date of ou decide to leave our club, you will be expected to provide an official letter of withdrawal and remit dues payment prorated to reflect the date of termination.		
submitting your membership a	I three (3) After Hours events (club med application. Once you've gotten a good or email to lacrosse@rotaryafterhours.o at the soonest directors meeting an	feel for the club, plearg. The board of direct	se bring completed application to
Activity #1:		(D	ate):