



Rotary Club of Bettendorf New Member Proposal Form

Title: Mr. Mrs. Ms. Dr. Other: _____ Today's Date: _____

Full Name _____ Date of Birth _____

Residential Address _____

Home/Cell Phone _____ Business Phone _____

Preferred email address _____

Spouse/Partner name _____

Occupation/Former occupation if retired _____

Position or Title _____

Business address _____

Sponsor(s) _____

Activities that would enhance consideration as a Rotarian: _____

Were you previously a Rotarian? Yes No

Club(s) name: _____ Dates: from _____ to _____ RI ID# _____

I hereby certify that I am qualified for active membership by my current or former status as a professional, business and/or community leader and by having a residence and/or working within the Club's locality or surrounding area.

I understand that if accepted for membership, it will be my duty to follow Rotary's Four-Way Test in all my daily activities and contacts, and to abide by Rotary International and Club bylaws. I also agree to pay quarterly dues in accordance with Club bylaws. I hereby give permission to the Club to publish my name to its membership.

Proposed Member's Signature

Date

Club Officer Signature

Board Approval Date