

Membership Application

Please download, fill out and email this application to:
Membership Director George Shearer • gshearer52@gmail.com

Name: _____

Business Classification: _____ Membership Sponsor: _____

Do you have previous Rotary Membership experience?

No Yes If so, when and with which club: _____

A former or Active Rotaract member: No Yes If so, which Club: _____

RI Member Number _____ Rotary District _____

PROFESSIONAL (If retired, former title and company)

Job Title: _____

Company: _____

Work Address: _____

Phone: _____ Mobile: _____

Email: _____ Website: _____

PERSONAL

Address: _____

Phone: _____ Mobile: _____

Email: _____ T-Shirt Size: M W • S M L XL 2XL

Birthday: _____ Anniversary: _____

Hobbies: _____

Why are you interested in joining Rotary International?

What programs in our Club interest you most?

I certify that if accepted to Membership of the Rotary Passport Club of the Central Coast, that I, as a Rotarian, will exemplify the Four Way Test and Object of Rotary in all of my daily activities and will abide by the constitutional documents of Rotary International and the club. I understand that each member is expected to commit to a minimum of sixty (60) community services hours per year. I agree to pay an admission fee and dues in accordance with the bylaws of the club. You will be invoiced for your dues this will complete your membership process. Starting July 1st dues are \$200, One-Time Initiation / Set Up Fee \$50, and Quarterly meeting meals \$30 (\$120/year) for a total of about \$370. Dues are prorated based on admission date.

Prospect Signature _____ Date: _____

FOR MEMBERSHIP CHAIR

DATE RECEIVED

RI Member Number

Date of Admission