

**ROTARY CLUB OF CHEBOYGAN**

P.O. Box 630

Cheboygan, MI 49721

Application for MembershipMembership Type (check one) ☐ Active ☐ Honorary ☐ Corporate ☐ ReinstatementAre you a former or transferring Rotarian? ☐ Yes (Please provide your RI Number if known) _____**PERSONAL INFORMATION (PLEASE PRINT)**Name _____
First MI Last

First Name for Badge if different from above Date of Birth (Month, Day, Year)

Home Address _____
Number Street City State Zip CodePreferred e-mail _____
Note: Dues invoice will be sent to this e-mail unless you direct it to go elsewhere by notifying Rotary Secretary.

Preferred Phone () Alternate Phone ()

Please indicate Cell Phone numbers with an asterisk (*).

Partner Name _____
First MI Last**EMPLOYMENT**

Business Name _____ Nature of Business _____

Address _____
Number Street City State Zip Code

Position _____ Phone () Fax ()

If retired, please state previous occupation _____

Note: Mail The Rotarian Magazine to (check one) ☐ Home Address ☐ Business Address

I hereby certify that I am qualified for membership, both by my current or former position and by having a place of business or residence within the club's locality or immediate surrounding territory.

I understand that it will be my duty, if elected, to exemplify the Object of Rotary in all my daily contacts and activities and to abide by the constitutional documents of Rotary International and the club. I agree to pay the annual dues in accordance with the bylaws of the club.

I hereby give my permission to the club to publish my name, proposed classification and present or former business affiliation to its membership.

Applicant Signature _____ Date _____

Dues: The Rotary fiscal year is July 1 thru June 30. Annual dues are invoiced and due on or before June 1st. Upon your membership approval by the Rotary Club of Cheboygan Board of Directors, you will be invoiced \$ _____ as of _____.
Date _____Return completed form to Secretary garyv@upnorthnet.com

Form rev. 9 24 2020 gv

Sponsor Name