

Eau Claire Morning Rotary Membership application

Applicant Name _____

(Print name in full; and please add nickname or name used by friends)

I, the undersigned, being familiar with the requirements for, and conditions of membership as explained on the back of this card and contained in the constitution and by-laws, hereby make application for:

Check type of membership:

- Active member
- Additional active member
- Past service member (no classification)
- Senior active member (no classification)

Under the Classification _____

I am personally and actively engaged in the business or profession covered by this classification and have my place of business or residence located within the territorial limits of the club or within the corporate limits of the city in which the club is located or within the territorial limits of an immediately adjoining club.

I understand that it will be my duty, if elected, to exemplify the object of Rotary in all my daily contacts and activities, and at all times, to abide by the constitution and by-laws of the Rotary Club.

I agree to pay the admission fee and the annual dues in accordance with the by-laws of the club. I hereby give permission to the club to publish to its members my name and proposed classification.

It is understood that part of my membership dues include an annual subscription to the official magazine or an approved and prescribed regional magazine as may be applicable

My firm name: _____

My position: Proprietor___ Officer ___ Partner___ Manager___ Executive___ (Check One)

e-mail address _____

My business address _____ **Phone** _____

My residence address _____ **Phone** _____

Previous Rotary memberships _____ **Cell Phone** _____

Date of birth _____

Day **Month** **Year**

Date _____ **Signature** _____

Thank you for submitting your application.

Please mail your completed application to:

Ann Kaiser, c/o Sacred Heart Hospital, 900 W. Clairemont Avenue, Eau Claire WI 54701