

# Rotary

## Club of West Springfield

### CURRENT ROTARIAN MEMBERSHIP APPLICATION | PROPOSAL FORM

Prospective Member's Name: \_\_\_\_\_

Birthdate (format: MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Birthday: \_\_\_\_ / \_\_\_\_      Anniversary Date: \_\_\_\_ / \_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Alternate E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

**Application for:**      ACTIVE MEMBERSHIP

If a former Rotarian or current Rotarian transferring, list Rotary Club(s) & dates:

\_\_\_\_\_  
\_\_\_\_\_

Your activities as former Rotarian:

\_\_\_\_\_  
\_\_\_\_\_

Your reasons for joining the Rotary Club of West Springfield and what you feel you can contribute in terms of time/expertise as a member:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify I am qualified for membership in the Rotary Club of West Springfield (RCWS) by my current and/or former position.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand it will be my continuing responsibility, if accepted into membership, to exemplify the objectives of Rotary in all my daily contacts and activities, and to abide by the Constitution and Bylaws of the RCWS and Rotary International, the chartering entity for all Rotary Clubs. I agree to pay an application fee of \$100.00 with the submission of this application and the current annual quarterly dues of \$200.00 (\$800.00 per year), which cover weekly breakfasts and other recurring routine membership charges. There are several RCWS annual events and activities that are designed to generate financial and other support for our Rotary Club, Rotary International, and/or the Rotary Foundation and their respective compatible missions, which I hope to support.

I hereby give permission to the RCWS to publish my name, this application form as completed by me, and proposed classification to its membership.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member proposing prospective member: \_\_\_\_\_

**Record of Action as to Proposed Member *(to be filled by RCWS Secretary):***

Application received by Secretary: \_\_\_\_\_

Submitted to Board: \_\_\_\_\_

Board Decision: \_\_\_\_\_ Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Vote by membership: \_\_\_\_\_ Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Application Fee Paid: \_\_\_\_\_

Proposer Notified: \_\_\_\_\_

Proposed Member Notified: \_\_\_\_\_

Rotary International & District 7610 Notified: \_\_\_\_\_

Induction Date: \_\_\_\_\_

Classification : \_\_\_\_\_