

ROTARY CLUB OF SPRINGFIELD NORTH

DATE: _____

| | |
|--|----------------------------------|
| NAME | AGE |
| HOME ADDRESS | HOME PHONE |
| FORMER ADDRESS | HOW LONG RESIDENT OF SPRINGFIELD |
| BUSINESS ADDRESS | BUSINESS PHONE |
| NAME OF BUSINESS OR FIRM WITH WHOM ASSOCIATED | FAX# |
| PRINCIPLE FUNCTION OF FIRM | TITLE |
| SPECIFIC JOB WITHIN FIRM | HOW LONG WITH FIRM |
| WHERE BORN | BIRTH DATE |
| MILITARY SERVICE – BRANCH/RANK | RELIGIOUS AFFILIATION |
| SPOUSE'S NAME | NUMBER OF CHILDREN |
| HIGH SCHOOL ATTENDED | |
| COLLEGE ATTENDED | DEGREE ATTAINED |
| E-MAIL ADDRESS | |
| MEMBER OF OTHER ROTARY CLUB | HOW LONG |
| | |
| CIVIC OR PROFESSIONAL ORGANIZATION IN WHICH MEMBERSHIP IS HELD | HOBBIES |
| | |
| SPONSOR | |

Statement to be signed by Proposed Member after Board has approved the proposal

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

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 an admission fee* of **\$100.00**, annual dues of **\$179.00**, service fund of **\$84.00** in accordance with the bylaws of the club, **\$100.00** for Rotary Foundation and annual meals of **\$408.00**.

I hereby give permission to the club to publish my name and proposed classification to its membership.

* Not applicable to transferring or former members of another club.

_____ **Date Proposed Member's Signature**