

MEMBERSHIP APPLICATION FORM

Proposal for Membership of **Vacaville Sunrise Rotary Club**

Name: _____ Nominated By/Sponsor: _____

Home Address: _____

preferred Telephone: (Home / Cell) _____

Best Email (rotary communication): _____ DOB: _____

Business/Employer Name: _____

Position Title or Description: _____

Business Address: _____

Business Telephone: _____

Partner/Spouse Name: _____ Anniversary date: _____

Children's Names (and ages if under 18) _____

Proposed Classification: _____ Previous Rotary Club: _____

Some vocational and personal background details that will enhance your activities as a Rotarian (activities/volunteer...): _____



Title for Badge: _____

Rotary Polo/shirt size: _____

I hereby certify that if accepted to Membership of Vacaville Sunrise Rotary Club, that I, as a Rotarian, will exemplify the Object of Rotary in all my daily contacts and will abide by the constitutional documents of Rotary International and the club. I agree to pay an admission fee and dues in accordance with the bylaws of the club.

Signature _____

Date: _____

(Board Approval Date: _____)