Membership Application

Date Sponsor (please print) Applicant Name: Last	First	M	Requesting Membership as:Image: New Active MemberImage: Transfer Active MemberImage: Honorary MemberImage: Rule of 85 Member
Nickname:			
Home Address:	City	_ State Zip	
Home Phone Home Fax _	Home email		
Cell Phone Birthday: N	Month Day	_ Anniversary: Month	Day
Children age ()	age ()	age ()	age ()
If Previous Rotarian: # years Rotarian RI Member #	Classification		
Offices Held:Business Name:		How Long w/Cu	rrent Business:
Address:			
Title/Position:	Phone:	Fax:	
Bus email: Pr	referred email: Bus HomeBot	h Preferred mail: Bus	HomeBoth
Reference Name & Number:	2 nd Reference:		
Special Interests/Hobbies:			
Signature:			
Your signature implies consent for reference checks & to have your name published in our bulletin.			
Applicant for mombarship is required to submit a sheely no	weekle to Determ Club of	Meeting #1 Date: _	
Applicant for membership is required to submit a check, payable to Rotary Club ofLakewood Ranch, for the appropriate amount with this application. This check will beapplied to their account.New Active Member Applicant:\$391.00 (effective 7/1/18)		Meeting #2 Date: _	
		Meeting #3 Date: _	
New Active Transfer Applicant:\$341.00New Rule of 85:\$131.00		Fireside Chat: Date: _	
Applicant remains a Guest until actually inducted at a mee	ting.	Ck Pd Amt \$	_ Date:
		Inducted Date:	_Effective:

Rotary Club of Lakewood Ranch