



Rotary

Rotary Club of Carlisle

PO Box 301
Carlisle, PA 17013
Club #5334 District #7390

APPLICATION FOR MEMBERSHIP

Full Name: _____

Title (i.e. academic, clergy, medical, dental, military w/ service branch): _____

Name on Badge: _____

Business/Organization Name: _____

Business/Organization Address: _____

Home Address: _____

Birth Date: _____ **Spouse's Name:** _____

Telephone:

Residence - _____ **FAX -** _____

Business - _____ **FAX -** _____

Cell - _____

Preferred e-mail Address: _____

Position held in Business/Organization: _____

Proposed Classification: _____

If rejoining or a former Rotarian, list most recent club information:

Previous club name: _____

Dates: _____

From _____ **To** _____

Recent Rotarian: (one year or less) yes _____ **no** _____

Vocational, educational and personal background details that would enhance consideration as a Rotarian:

Proposed by: _____

Date: _____

Proposer's Signature: _____

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I hereby certify that I am qualified for active membership by my current or former status as a business, professional or a community leader. I understand that, if accepted for membership, it will be my duty to exemplify the Objective of Rotary in all my daily contacts and activities and to abide by the constitutional documents of Rotary International and the Rotary Club of Carlisle. I agree to pay annual dues in accordance with the Club Bylaws. I hereby give permission to the Club to publish my name and proposed classification to the membership.

Proposed Member's Signature: _____

Date: _____

To be completed by Club Secretary:

Board Acceptance Date: _____ Orientation Date: _____

Induction Date: _____ Anniversary Date: _____

Badge #: _____ Rotary Membership #: _____

Official/Approved Classification: _____