

# Member Application Form



## LITCHFIELD ROTARY CLUB Proposed New Member Application

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street address

Apt/Unit #

City

State

Zip Code

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Skills that may be utilized in Rotary Service:

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

Name of Spouse/Partner: \_\_\_\_\_ Birthday: \_\_\_\_\_

Previous Rotary Experience:

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

Club: \_\_\_\_\_ Dates Active: \_\_\_\_\_

I understand that it will be my duty, if approved, 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 Litchfield Rotary Club. I understand that I am expected to pay the quarterly dues in a timely manner and attend as many of the weekly meetings as possible.

Proposed Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Email completed form to: [lfdr Rotary@gmail.com](mailto:lfdr Rotary@gmail.com)