

Early Edition
Rotary
Club of Owatonna



Membership Application

Contact Person: Darren Roemhildt (Darrenr@Bridgeshealthclinic.com)

I, the undersigned, being familiar with the requirements for and conditions of membership as explained within this application, hereby make application for membership in the Owatonna Early Edition Rotary Club. Membership and classification will be determined by the appropriate committees and I understand that it will be my duty, if elected to membership, to exemplify the Object of Rotary and the Four Way Test in all my daily professional and personal contacts and activities. I agree to pay the dues and assessments in accordance with the By-laws of the Club. I hereby give permission to the Club to publish my name and proposed classification as a potential member.

Full Name _____

Nick Name (if applicable) _____

Firm Name _____

Classification (check one) ☐ Proprietor ☐ Officer ☐ Partner ☐ Manager

☐ Executive ☐ Other (explain) _____

Business Address _____

City, State, Zip _____

Business Phone _____

Email _____

Home Address _____

City, State, Zip _____

Home Phone _____

Previous Rotary Membership _____

Date of Birth _____ Date of Application _____

Signature _____