

MEMBERSHIP APPLICATION

PLEASE PRINT

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☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. FULL NAME: _____

NICKNAME (preference for Name Badge): _____

CLASSIFICATION (INDUSTRY) ON BADGE: _____

DATE OF BIRTH: (REQUIRED) mm/dd/yyyy _____

Gender: ☐ MALE ☐ FEMALE

☐ SINGLE ☐ WIDOW ☐ MARRIED (SPOUSE/PARTNER NAME): _____

HOME ADDRESS: _____

HOME NUMBER: _____ CELL: _____

PERSONAL EMAIL: _____ (Note: We communicate primarily by Email)

TYPE OF BUSINESS, PROFESSION, AND/OR INDUSTRY: _____

YOUR JOB TITLE OR BUSINESS FUNCTION: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY PHONE NUMBER: _____

BUSINESS EMAIL ADDRESS: _____

I PREFER TO BE CONTACTED AT: ☐ HOME ☐ COMPANY via ☐ PHONE ☐ EMAIL

BILLING NAME AND ADDRESS: _____

BILLING EMAIL ADDRESS: _____

WHEN NOT WORKING, I ENJOY SPENDING MY TIME: _____

I WANT TO BE A ROTARIAN TO: _____

ARE YOU NEW TO ROTARY? ☐ YES ☐ NO

ARE YOU TRANSFERRING FROM A DIFFERENT CLUB? ☐ YES ☐ NO (If YES provide reference letter from current club)

IF SO WHICH CLUB? _____ IS YOUR SPOUSE A ROTARIAN? ☐ YES ☐ NO

DO YOU HAVE THE DISTINCTION OF PAUL HARRIS FELLOW, SUSTAINING MEMBER, OR ANY OTHER RI DESIGNATION? ☐ YES ☐ NO Please explain: _____

HAVE YOU HELD A PRIOR ROTARY BOARD POSITION? ☐ YES ☐ NO If so which one: _____

IS THERE ANY OTHER ROTARIAN INFORMATION YOU WOULD LIKE US TO KNOW? _____

WE ENCOURAGE YOU TO ATTEND 50% OR MORE OF OUR SCHEDULED MEETINGS AND SERVICE PROJECTS OR EVENTS. DO YOU AGREE? ☐ YES ☐ NO

CLUB MEETING INFORMATION CAN BE FOUND HERE:

<http://sapearlrotary.eventbrite.com/> or <https://www.facebook.com/SAPearlRotary>

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MEMBERSHIP DUES:

ROTARY TERM: July 1 – June 30

- **START-UP COST**
 - \$160.00 due with application
- **CLUB FEE SCHEDULE:**
 - **QUARTERLY DUES:**
 - \$60.00 per quarter per person due in advance for each quarter.
- **WEEKLY LUNCH COST:** Is NOT FREE and varies depending on meeting location and is the sole responsibility of each member.
- **Payment Terms:** All invoices are due upon receipt with a five business day grace period from date on invoice.
- **PAYMENT METHODS:** Our preferred method of payment is a physical check or an e-check, but we do accept all major credits through Quickbooks, PayPal, and Square. **We ask all members to please add 3% to help cover the service processing fees.**
- **PLEASE MAKE ALL CHECKS PAYABLE TO:** Rotary Club of San Antonio Pearl, PO BOX 12802, San Antonio, TX 78212-0802

****INDUCTION AS A NEW MEMBER REQUIRES A COMMITMENT TO PAY THE FEES STATED ABOVE****

I UNDERSTAND THE PURPOSE OF ROTARY, THE FINANCIAL RESPONSIBILITIES, PERSONAL TIME COMMITMENTS AND ATTENDANCE REQUIREMENTS THAT ACCOMPANY MEMBERSHIP IN ROTARY, AGREE TO ADHERE TO THEM, AND WISH TO BECOME A MEMBER OF THE ROTARY CLUB OF SAN ANTONIO PEARL.

Applicants Printed Name

SIGNATURE

DATE

SPONSORSHIP REQUIRED:

SPONSORING ROTARIAN'S PRINTED NAME

SPONSORING ROTARIAN'S SIGNATURE

DATE

FOR OFFICE USE ONLY

Start-up Cost received <input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____	Treasurer Initials: _____
Accepted by Board of directors on: _____	Induction Date: _____	

**WE ARE HAPPY YOU CHOSE ROTARY CLUB OF SAN ANTONIO PEARL AS
YOUR NEW CLUB OF RECORD.**