# Rotaract Club of Springfield
# Membership Application

Name:_____ Date of Birth: _____
First Last Name

Position:_____ Employer: _____

Employer's Address: _____
Street Address City State Zip

Work Phone Number: _____ Work Email Address: _____

Home Mailing Address: _____
Street Address City State Zip

Personal Phone Number: _____ Home Email Address: _____

Preferred Email Address: ☐ Work ☐ Home

1. Are you aware of, and agree to follow, the Rotaract attendance policy? ☐ Yes ☐ No
   (The Attendance Policy is online at springfieldrotaract.org/membership)
2. I understand I will have to pay annual membership dues of $375, which includes all meals. ☐ Yes ☐ No
3. I understand I will have to participate on a committee. Double Dare (Fall) or Rock' N Ribs (Spring) ☐ Yes ☐ No
4. I understand I will have to provide a head shot for the website. ☐ Yes ☐ No
5. Applicants are asked to attend at least one meeting prior to application approval. Which meeting did you attend? _____
6. Who were you a guest of? _____
7. Write a short 4-6 sentence bio about yourself, including your professional accomplishments, as well as any personal interests.

8. Send in a head shot for the website upon board approval.

I understand and accept the principles of Rotaract as expressed in its purpose and objectives and agree to comply with and be bound by the "Standard Rotaract Club Constitution," "Rotaract Statement of Policy," and by-laws of the club. Further, I acknowledge that memberships belong to the applicant and dues are non-refundable and non-transferrable.

Signature: _____ Date: _____

**02/18 MB**