



MEMBERSHIP APPLICATION - The ROTARY CLUB OF AUSTIN

(to be completed by the applicant)

Name: _____

Nickname (if any): _____

Business Name: _____ Title: _____

Business Address: _____

City: _____ St: _____ Zip: _____

Business phone: () _____ - _____ Cell phone: () _____ - _____

Home phone: () _____ - _____

Home Address: _____

City: _____ St: _____ Zip: _____

Preferred mailing address: home or business *(CIRCLE ONE)*

Preferred email address: _____ Fax: () _____ - _____

Place of Birth: _____ Date of Birth (mm/dd/yyyy): ____/____/____.

Education (universities attended, dates, degrees): _____

Principal activity of your business: _____

Name of principal competitors: _____

Length of time in business: ____ years How long has the business been in Austin: ____ years

What are your responsibilities, including leadership roles, if any: _____

What other local businesses/firms have you been associated with in the past 10 years: _____

How long have you lived in Austin: ____ years. Previous locations: _____

List involvement in other organizations or professional memberships. *(Include any leadership roles):*

Other Civic & Religious involvement: _____

Other recognitions, awards or positions of leadership: _____

List of Rotary Club of Austin members who know you *(very important)*:

Previous Rotary Membership: List club(s) & dates(s) with a name of a contact & phone#

Paul Harris Fellow? Yes or No

Sustaining PHF? Yes or No

Sapphires: 1 2 3 4 5

Why do you want to join the Rotary Club of Austin? _____

What will be your contributions to the Rotary Club of Austin? _____

What Committee(s) interest you (i.e. where is your service passion)? _____

Is there any reason why you would be unable to regularly attend meetings, events, and other Rotary functions? If so, please elaborate: _____

What else do we need to know about you? _____

Spouse: _____ Birthday: _____

Children's names (date of birth for those under 18): _____

List of foreign countries you or your spouse have lived for 3 months or longer:

List foreign languages you Speak: _____ Read _____

Talents & hobbies: _____

I wish to apply for membership in the Rotary Club of Austin, and if accepted into membership, agree to uphold and abide by all of the responsibilities of membership, including fiduciary, service, and attendance.

Your Signature: _____ Date: _____

Membership Information:

Annual Membership Dues & Fees

Annual Fees + Application Fee

Individual Annual Membership Fees

\$360.00 + \$250.00

Annual Rotary Membership is from July 1 to June 30. Dues are prorated based upon the month your membership is approved. You will receive an invoice once approved for membership.

Under 35

\$150/first year + \$100.00
\$250/yr until age 35

Total

= \$ _____

Method of Payment:

New Member Application Fee must accompany application.

___ Check

___ Credit Card (circle)



VISA MasterCard American Express Discover

Card # _____

Exp. Date ____ / ____ / ____ CSC _____

Signature _____

I hereby authorize the Rotary Club of Austin to charge the credit card above for the Application Fee and pro-rated Annual Membership Fees. The Application Fee is non-refundable, and will be charged upon receipt of this application. The Membership Fees will only be charged once my application has been approved.
