



MEMBERSHIP APPLICATION - THE ROTARY CLUB OF AUSTIN

(to be completed by the applicant)

First Name: _____ Middle: _____ Last 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): ____/____/____.

Spouse/Partner: _____

Education (universities attended, dates, degrees): _____

Principal activity of your business: _____

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

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: _____

Given our Vision Statement "We are a Fellowship of Business and Community Leaders positively changing the lives of our Members, the Austin Community and the World", please describe your current or past leadership experience and responsibilities that qualify you for this organization.

List involvement in other organizations or professional memberships: _____

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? _____

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

Is there anything else we need to know about you? _____

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: _____

Sponsor's Name **: _____

*** Sponsor's recommendation page needs to be completed and returned with this application.*

Membership Information (Annual Dues & Fees are listed below and will be billed on a pro-rated basis AFTER your official approval and introduction):

One-Time Application Fee (This is the only amount due now): \$250.00

Method of Payment:

New Member Application Fee must accompany application.

Check or E-Check

Routing #: _____ Acct #: _____

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 or checking account above for the Application Fee and eventual Membership Fees based upon the Plan selected, pro-rated for the initial year. The Application Fee will be charged immediately upon receipt of this application. The Membership Fees (see below) will only be charged once my application has been approved, and will be charged each successive term (quarterly or annually) unless written revocation of such authorization is received not less than THIRTY DAYS prior to the subsequent Billing Date.*

*(**) The Application Fee will be refunded, in full, if your membership application is declined for any reason.*

Membership Dues & Fees - Rotary Membership is from July 1 to June 30. Dues are pro-rated based upon the month your membership is approved. You will receive an invoice once approved for membership.

	<u>Paid Quarterly*</u>	<u>Paid Annually*</u>
Individual Annual Membership Fees		
- All weekly meetings WITH Meals included	\$300.00	\$1,100.00
- All weekly meetings, NO Meals included	\$165.00	\$ 600.00

Applicant Name: _____

This part is to be completed by the Sponsor:

How long have you known the applicant: _____ Nature of relationship: _____

Sponsor's statement as to why the applicant would be a good member (attendance, activities, involvement):

Suggested classification (if any): _____

Name of sponsor (type or print): _____

Date: _____ Signature: _____

To be completed by Executive Director or by the Membership and Executive Committee Chairs:

Membership Committee action: recommended: approval _____ disapproval _____

Comments: _____

Date: _____ Committee Chair Signature: _____

Executive Committee action: recommended: approval _____ disapproval _____

Comments: _____

Date: _____ Committee Chair Signature: _____