



**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 e-mail 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#

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Paul Harris Fellow? Yes or No      Sustaining PHF? Yes or No      Sapphires: 1 2 3 4 5

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

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

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

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Is there anything else we need to know about you? \_\_\_\_\_

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*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. This is the ONLY charge you will be assessed at this time.**

Check or E-Check

Routing #: \_\_\_\_\_ Acct #: \_\_\_\_\_

Credit Card (circle)     VISA MasterCard American Express Discover

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

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 (monthly, 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 you are formally introduced. You will receive an invoice AFTER your official introduction date, based on the option YOU select at that time (see below).**

**Paid Monthly\*    Paid Quarterly\*    Paid Annually\***

**Remember, your dues/meeting fees will be pro-rated and will NOT be charged until AFTER your official introduction**

<b>All weekly meetings WITH Meals included</b>	\$116.00	\$350.00	\$1,300.00
<b>All weekly meetings, NO Meals included</b>	\$68.00	\$205.00	\$760.00

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):

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

Suggested classification (if any): \_\_\_\_\_

Name of sponsor (type or print): \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**To be completed by Executive Director:**

**Membership Committee action:** recommended: approval \_\_\_\_\_ disapproval \_\_\_\_\_

Date of approval and/or comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Executive Committee action:** recommended: approval \_\_\_\_\_ disapproval \_\_\_\_\_

Date of approval and/or comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Board of Directors action:** recommended: approval \_\_\_\_\_ disapproval \_\_\_\_\_

Date of approval and/or comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_