



Benzie Sunrise Rotary Club

Membership Application

Date: _____

Name: _____
(First) (Middle) (Last)

First name by which you want to be addressed: _____ DOB: _____

Home Address: _____
(address) (city) (state) (zip)

Business Address: _____
(address) (city) (state) (zip)

Winter Address: _____
(if applicable) (address) (city) (state) (zip)

Preferred Mailing Address: Home or Business E-mail _____

Home phone _____ Business phone _____ Cell phone _____

Spouse's/Partner's Name: _____ Rotarian Sponsor: _____

Previous Career/Interesting Facts: _____

Interests/Skills/Hobbies: _____

If transferring or former Rotarian, list previous club information:

Name: _____ Dates: _____

I hereby certify that I am qualified for (check one):

___ **Regular Membership:** Having a place of business or residence within the club's locality or surrounding area

___ **Young Professional:** Under the age of 30 with a business or residence within the club's locality or surrounding area

___ **Community Advocate:** Executive director or president of the board of directors for a Benzie County 501(c)(3)

___ **Corporate Partnership:** Current owner, president of the board of directors, or managing partner of a local business

I understand that, if accepted for membership, it will be my duty to exemplify the Object of Rotary in all my daily contacts and activities and to abide by the constitutional documents of Rotary International and the club. I agree to pay an admission fee and the annual dues in accordance with the bylaws of the club. I hereby give permission to the club to publish my name and proposed classification, if applicable, to its membership.*

* Not applicable to young professional or those transferring/former members of another club

Proposed Member's Name

Date