



Rotary Club of West Palm Beach

P.O. Box 353
West Palm Beach, Fl. 33402
(561) 324.8544
(561) 659.1824 fax
info@rotarywestpalmbeach.org

APPLICATION FOR MEMBERSHIP

The following **individual** is being proposed for membership in the Rotary Club of West Palm Beach.
A resume is attached for detailed information. Application must be complete prior to approval.

Name _____ Date _____

Sponsored By _____ Proposed Classification _____

Business Name _____ Business Position _____

Badge Name _____ Badge Classification _____
(The name given above will be printed on your membership badge) *(Must be completed before approval)*

Business Website _____ Spouse Name _____

Date of Birth _____ Wedding Anniversary _____

Main Address *(Rotary Bills and Mailing will be sent to this address)*

City _____ State, Zip _____

Home Phone _____ Office Phone _____

Cell Phone _____ Fax Number _____

Business E-mail _____ Home E-mail _____

Home Address _____ City, State, Zip _____

Educational Background (please identify schools attended, majors and degrees awarded) _____

Community Involvement (please identify organizations and board positions held) _____

How long have you been in the Community? _____

Hobbies and Special Interests _____

Why Rotary? _____

If you have previously been a Rotarian, please identify your RI member number, club affiliation and, dates of beginning membership

Applicant Certification

I hereby certify that I am personally and actively engaged in the business or profession or professional activity covered by the classification that has been proposed for me and that my place of business or residence is located within the territorial limits of the club or within the corporate limits of the city in which the club is located or within an immediately adjoining territory.

I understand that it will be my duty, if elected, to exemplify the Object of Rotary in all my daily contacts and activities, and to abide by the constitution and bylaws of the club. I understand that part of my membership dues will provide me an annual subscription to the official magazine or an approved and prescribed regional magazine as may be applicable. **I agree as the member to pay the admission fee of \$225 and the quarterly dues of \$330 in accordance with the bylaws of the club.** Also, in accordance with the bylaws, termination of membership must be submitted in writing and approved by the board of directors. All open invoices for both the Rotary Club of West Palm Beach, Inc. and the Rotary Club of West Palm Beach Charity Fund, Inc. will be charged to the credit card on file upon termination. If the credit card on file is declined after termination of membership all legally available means of collection will be pursued.

Credit Card Info:

The Rotary Club of West Palm Beach **requires** a credit card be maintained on file at the management office for each member. **Applications will not be processed if the credit card information is not completed.**

The credit card on file will automatically be charged when any invoice is over 90 days past due.

Credit card type: MASTERCARD OR VISA

Credit card number: _____

Expiration Date: _____

Cardholder's name: _____ Cardholder's Zip Code: _____

If you would like your quarterly dues payment charged to your credit card please fill out the section below: (Circle the items to be charged to your credit card)

Initiation Fee: \$225.00 (Initiation fee must be paid prior to approval)

Quarterly Dues: \$330.00

Charity Contribution: \$37.50

Paul Harris Contribution: \$25.00

Rotary Attendance Wheel: \$6.50

Total amount to be charged to card quarterly: \$_____

Applicant Signature

Date