



**Membership Proposal Form**

(Please print legibly)

Rotary Club of Vista Hi Noon Rotary Club District 5340

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
NUMBER AND STREET CITY STATE ZIP CODE

Current/former firm and position \_\_\_\_\_

Home phone \_\_\_\_\_ Home fax \_\_\_\_\_ Cell phone \_\_\_\_\_

Business phone \_\_\_\_\_ Business fax \_\_\_\_\_ E-mail \_\_\_\_\_

Birthday (month/day) \_\_\_\_\_ Spouse \_\_\_\_\_ Anniversary (month/day) \_\_\_\_\_

Membership type:  Active  Honorary Membership proposer \_\_\_\_\_

If active, proposed classification \_\_\_\_\_

If a transferring or former Rotarian, list previous club information:

Club name \_\_\_\_\_ Dates \_\_\_\_\_  
FROM To

**Date of Admission** \_\_\_\_\_

What aspect of Rotary attracted you to apply for membership?  Service in the community  Networking  
 International opportunity  Ability to contribute to charities  
 Other \_\_\_\_\_

Are you willing to serve on a committee? \_\_\_\_\_

**Report of Membership Terminated** Date of termination \_\_\_\_\_

Reason:  Attendance  Disinterest  Business pressure  Health/personal  Business transfer  
 Joined other club  Deceased  Moved  None given  Other \_\_\_\_\_

**PLEASE SEE OTHER SIDE**

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To be completed by proposed member:

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

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\* of   \$75   and the annual dues of   \$150   in accordance with the bylaws of the club. I give permission to the club to publish my name and proposed classification, if applicable, to its membership.

*\*Not applicable to honorary members or transferring or former members of another club.*

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PROPOSED MEMBER'S SIGNATURE

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DATE

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