

Membership Proposal Form

Founded 1969



*Rotary Club of Seminole County South
P.O. Box 160306 Altamonte Springs, FL 32716-0306
Membership Proposal Form 20100501
+1 407 494 6748*

District 6908 - Club 4418

Personal Information

Full name:	
Nickname:	
Home address (house #, street, city, zip):	
Home phone:	
Mobile phone:	
Home e-mail address:	
Birthday (MM/DD):	
School / College:	
Spouse's name:	
Spouse's birthday (MM/DD):	
Wedding anniversary (MM/DD):	

Business Information

Company:	
Business address:	
Job title:	
Business phone:	
Business fax:	
Business e-mail address:	

If rejoining or a former Rotarian, list recent club information

Dates from – to (MM/DD/YYYY):	
RI member number:	
Proposer's name:	
Classification desired:	
Blood type	

I hereby certify that I am qualified for membership for active membership by my or former status as a business, professional, or community leader, or as a Rotary Foundation alumnus/and by having a place of business or residence within the club's locality or surrounding area. I hereby give permission to the club to publish my name and proposed classification to its members.

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Signature:	
Date (MM/DD/YYYY):	
Full name:	

I understand that, if accepted for membership, it will be my duty to exemplify the objects 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 any admission fees required by the club and to pay annual dues in accordance with club bylaws.

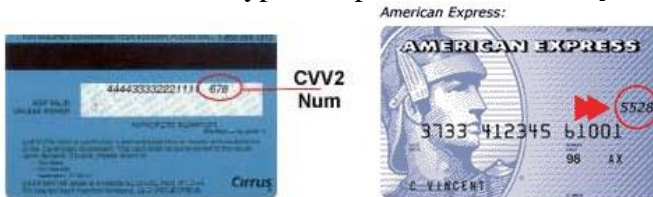
Responsibilities	
Initiation fee:	\$125.00
Annual dues:	\$150.00
Paul Harris (TRF) annual contribution:	\$100.00
SSR (foundation) annual contribution:	*\$100.00
Support the annual charity (RAP) drive:	*\$200.00
Friday Morning Meeting (Breakfast each meeting) or FMM by the Quarter	\$15.00 \$165.00
Proposed new member's signature:	
Date (MM/DD/YYYY)	

* Optional

If you'd like to pay any invoice with your credit card, please fill out the next section

Credit Cards				
Credit Card Type	Credit Card Number	Billing Zip Code	CV2*	Exp. date
AMX - MC - VISA				

Circle credit card type * & provide the Security Code



MC & VISA have 3 digit code located on back / Amx has 4 digit located on front

I hereby authorize auto charge – debit of my credit for my invoices. I will also need a “soft” copy of all invoices and they should be the following:

Signature:	
Date (MM/DD/YYYY):	