Rotary Club of Chisago Lakes Membership Application

Applicant Name:		Nickname:
First Mid	Last City:	State: Zip:
Home Phone: Home Fa	ax:Home Email	
Business Name:		Business Phone:
Business Address:	City:	State: Zip:
Business Fax: Business Em	nail:	Mobile:
Previous Rotary Club Membership? Yes: N	lo: Name of Club:	
Office(s) Held:		
Other significant and/or service club membersh	nip(s) and offices held:	
Please include employment, educational an	nd personal background as desired:	
All Rotarians are asked to serve on at least of your involvement on that committee. Club Administration Finance Policy Community Grants Membership	COMMITTEE INTERESTS one committee. Please place a check Outreach and Service Club Local International Public Relations	web/Social Media
Sponsor should bring the potential member to s Membership, the applicant will be invited to join		rest. Upon the approval of the Board and
Please see the Rotary Club of Chisago Lakes'	brochure for more information or visit w	ww.chisagolakesrotary.org.
Attendance: There is a 60% minimum attenda	ance requirement annually. Member sh	ould not miss more than three meetings in a row.
COSTS: Annual Due	es & Assessments (inc. weekly meals)	\$500 annually (billed \$125 quarterly)
While your dues may be mailed/emailed to you you, the member and not your business or orgabe necessary, resignations must be submitted	anization. We look forward to a long ter	ues and assessments are the responsibility of m relationship as a member. But should it ever
Applicant Signature:	Date	e:
Sponsor Name:	Reason for sugges	eting applicant:
Sponsor Signature:	Dat	e:

Sponsor should forward completed application to the club secretary for presentation to the Board at an upcoming meeting.

