Rotaract of Evansville Membership Application

Name: _____
Last Name First Middle

Date of Birth: _____ **Shirt Size:** Select One

Home Address: _____

Work Address: _____

Phone: _____
Home Work Cell

Email Address: _____

Job Title & Co: _____

Spouse/Children(s) Names: _____

Committee Interest: Select 1st Choice
Select 2nd Choice
Select 3rd Choice

1. Are you willing to pay member dues of $170 per year? Member dues include lunches at monthly member meetings and various expenses associated with social and community service events. Select One

2. The Rotary Foundation offers opportunities to Rotaractors (who are not children or grandchildren of Rotarians) for study and travel abroad. Please indicate if you are a child or grandchild of a Rotarian. Select One

3. Do you know of anyone else who might be interested in joining Rotaract?

Name(s): _____ **Email(s):** _____

_____ _____

_____ _____

I understand and accept the principles of Rotaract as expressed in its purpose and objectives, and agree to comply with and be bound by the "Standard Rotaract Club Constitution", "Rotaract Statement of Policy", and by-laws of the club.

Signature: _____ **Date:** _____
Type your name in the signature box if returning this form electronically.