

CARLSBAD HI-NOON
MEMBERSHIP APPLICATION

PLEASE PRINT

Applicant's Name: _____

Nickname: _____ Spouse / Partner (circle one) Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Email Address: _____

Applicant's Position: _____

Previous Rotary Membership? YES # of Years: _____

Club(s): _____ Membership #: _____

I have met with a member of the club and understand the requirements for and conditions of membership.

I agree to pay the \$80 initiation fee and any other dues or assessments including, but not limited to, the \$149.50 quarterly dues and fees plus any other assessments as determined by the Board of Directors of the Carlsbad Hi-Noon Rotary Club. The quarterly dues may be adjusted based on the date of induction into the club.

I hereby give my permission to the club to publish to its members my name and proposed classification.

Applicant's Signature: _____ Date: _____

:
Other comments _____

Golf Shirt Size: Men's / Woman's (Circle one) _____