

Rotary



The Rotary Club of New Jersey CLUB MEMBERSHIP APPLICATION

TITLE (e.g., Mr., Ms., Mrs., Dr., Rev) _____ Suffix: (e.g., Jr, Sr, III) _____

FIRST NAME: _____ MIDDLE NAME: _____

LAST NAME: _____

ADDRESS: _____

Street

City

State

Zip

PHONE: _____

Residence

Business

Cell

PREFERRED E-MAIL ADDRESS: Personal Business _____

CURRENT (OR FORMER) FIRM AND POSITION:

MEMBERSHIP TYPE (check one) Active Honorary (If active, proposed classification):

IF TRANSFERRING OR FORMER ROTARIAN, LIST PREVIOUS CLUB INFORMATION:

Club Name: _____ Dates: _____

From

To

Club Name: _____ Dates: _____

From To

If an RI program participant of Foundation alumnus/a, list program(s) and date(s):

BRIEF BIO STATEMENT (or attach resume if you have one):

I hereby certify that I am interested in becoming a member of the Rotary Club of New Jersey. I understand the club is a flex/passport club, meaning it offers an extremely wide variety of attendance options, both in real time, virtual, attending different clubs worldwide, etc., both at my and the club's discretion. 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 quarterly dues in the amount of \$52 or annual dues of \$208 in accordance with the bylaws of the club. I hereby give the club permission to publish my name and proposed classification, of applicable.

Applicant's Signature

Date