

MINNEAPOLIS WOMEN'S ROTARY MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name: Kara Herman		
Date of birth: 10/05/1989	Home phone:	
Home address: 6742 Regent Ave N		
City: Brooklyn Center	State: MN	ZIP Code: 55429
Home email: kher_1212@yahoo.com		Cell Phone: 651-605-1551

BUSINESS INFORMATION

Business name: Christopher & Banks		
Business address: 2400 Xenium Lane N		How long?
City: Plymouth	State: MN	ZIP Code: 55441
Phone: 763-519-5320	Business e-mail: kherman@christopherandbanks.com	
Job Title: Benefits & Leaves Specialist	Business web-site:	
Brief description of job or business: <small>Assist with benefit related questions and manage all of the employee leaves of absences. I also handle all worker's compensation claims.</small>		

EMPLOYMENT CERTIFICATION

I am fully retired from gainful employment:	<input type="checkbox"/> Yes, proceed to signature block	<input type="checkbox"/> No, complete the job classification form attached hereto
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SIGNATURES

Signature of Applicant: *Kara Herman*

Signature of Sponsors:

Sponsor 1: Shelle Page

Sponsor 2:

TO BE FILLED OUT BY ROTARY MEMBERSHIP COMMITTEE

Remarks:

ROTARY CLASSIFICATION APPROVAL

In the case of a potential classification overlap, identify steps taken under Article XII of the Articles of Incorporation and Article 1, Section 2 of the Bylaws:

APPROVALS

Membership committee approval	(date)
Board approval	(date)
Membership vote	(date)

FINANCIALS

Dues paid	(date)
Initiation paid	(date)