

MINNEAPOLIS WOMEN'S ROTARY MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	Home phone:	
Home address:		
City:	State:	ZIP Code:
Home email:		Cell Phone:

BUSINESS INFORMATION

Business name:		
Business address:		How long?
City:	State:	ZIP Code:
Phone:	Business e-mail:	
Job Title:	Business web-site:	
Brief description of job or business:		

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:	
Signature of Sponsors:	
Sponsor 1:	
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)