Lake Arrowhead Rotary Club

Membership Proposal Form

Information Below To Be Completed By the Sponsor
Candidate:
PO Box:
Zip:
Physical Address:
Zip:
Home Phone:
Work Phone:
Fax Phone:
Cell Phone:
E-Mail:
Profession:
Partner's Name:
Candidate Date of Birth:
Partner's Date of Birth:
Anniversary Date:

Review Process	Date
First Column of This Form Completed and Submitted to Membership Chair	
Board Review and Decision to Circulate Name YES NO	
Name Circulated for Minimum of Two Meetings	
Orientation Meeting	
Receipt of Initiation Fee and Dues, Pledge Sheet and Demographic Information	
Induction Date	

Final Classification

If Former Rotarian List Club and Dates of Memberhip

Proposed Classification:

Activities and Qualities That Would Enhance Consideration For Membership in Lake Arrowhead Rotary Club
Length of Your Acquaintance:
Years on Mountain:
Proposed By:

Applicant Certification

I hereby certify that I am personally engaged in the business or professional activity covered by my proposed classification and that my primary business or residence is located in the Lake Arrowhead communities. I understand it will be my duty to exemplify the Object of Rotary in all my daily contacts and activities and to abide by the constitution and by-laws of this club. I understand that this includes not only regular attendance at meetings, but also participation in avenues of service with the club.

Applicant Signature:	Date

After Action Follow-Up

Forward Check to Treasurer	
Forward This Form to Secretary	
Input in RI Database	
Input in District 5330 Database	
Name Badge Ordered	
Forward Info to Roster Manager	
Forward Info to Accountant for Billing	