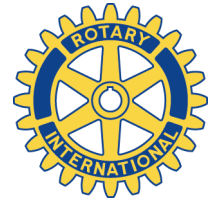


The St.Croix Falls/Taylors Falls Rotary Club

PO Box 144, St. Croix Falls WI 54024

Meeting every **Wednesday 12:15 – 1:15**
St. Croix Regional Medical Center, Riverbend Room
235 E State St., Saint Croix Falls WI 54024



Membership Application

I hereby make application for membership in the Saint Croix Falls/Taylors Falls Rotary Club. Membership and classification will be determined by the appropriate committees based upon my occupation as a _____.

I understand that it will be my duty, if elected to membership to:

- > ***Exemplify the Object of Rotary and the Four Way Test in my daily professional and personal contacts,***
- > ***Attend meetings according to Club attendance goals***
- > ***Actively serve in a selected Avenue of Service.***

I agree to pay the dues and assessments in accordance within the ByLaws of the club. I hereby give permission to the club to publish my name and proposed classification as a potential member.

My full name (print or type) _____ Occupation _____

My organization

Business name _____ & business is _____

My business address _____ City _____ State ____ Zip _____

Business phone _____ Business FAX _____ Email _____

My personal information

Residence address _____ City _____ State ____ Zip _____

Residence phone _____ home e-mail _____

Previous Rotary Club? _____ Year a member _____ PHF? _____

My Birth Date __ / __ / __ Spouse's Name _____ & Date of birth __ / __ / __

Signature _____ Date of application __ / __ / __

For the Club record

As sponsor, I agree to orient the applicant to the principles and functions of the Rotary Club, Rotary Foundation, and Rotary International

Sponsor _____ Date Signed _____

Board Action _____ Date _____

Club Secretary record, registered with RI by _____ on Date _____