

Rotary



Park City Twilight Club

MEMBERSHIP APPLICATION

Please type or print clearly.

Title (Mr., Ms., Mrs., Dr., Rev., etc.) _____ Suffix (Jr., Sr., III, etc.) _____

Last name _____

First name _____ Middle name _____

Gender: Male Female Date of birth _____

Were you a former Rotarian or are you a current member of another Rotary club: No Yes

Current members should not terminate in their existing club as their changes will be reflected as soon as the new club is admitted to Rotary.

If yes, RI membership ID number _____

Name of former/current club _____

Are you a Rotary alumnus/alumnae? No Yes

Alumni are former participants in Interact, Rotaract, Youth Exchange, RYLA, Rotary Peace Fellowships, Scholarships, vocational training teams, and Group Study Exchange.

Your job title _____

Name of your business or organization _____

Email _____

Preferred phone (including country/city/area codes) _____

Preferred mailing address* (check one): Residence Business Other

**If this is a post office box, please provide an alternate address for courier delivery.*

Alternate address (complete only if mailing address is a PO box): Residence Business Other

Dues: Annual dues are \$400, payable in quarterly installments, due on the 1st of July, October, January & April. Members joining in the middle of any quarter are responsible for the dues of the entire quarter. Additional Family members receive a reduced annual fee of \$300. New members pay a one-time fee of \$25 to cover costs associated with membership.

I am part of a Family membership. (Qualifying family memberships must live in the same household)

Primary member name: _____

\$125 check for individual membership received Chk # _____ Rcvd by: _____

\$100 check for additional family membership received Chk # _____ Rcvd by: _____

