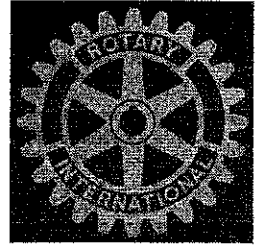


ROTARY CLUB OF INDIANA - MIDDAY
INDIANA, PA 15701
New Member Proposal Application



Title (ex: Mr., Ms., Mrs., Dr., Rev.): _____ Suffix (ex: Jr., Sr., III): _____
 Last Name: _____ First Name: _____
 Date of Birth: ____/____/____
 Home Address: _____
 Business/Work Address: _____
 Current (or former) Firm and Position: _____
 Telephone Numbers: (include Area Code): _____
 Residence: _____ Cell: _____
 Business: _____
 Email Address: _____ Personal
 Email Address: _____ Business

Membership Type (check one) Active Honorary
 If Active, proposed classification: _____
 If a transferring or former Rotarian, list previous club information:
 Club Name: _____ Club Name: _____
 Dates: From _____ To _____ Dates: From _____ To _____
 Recent Transfer (one year or less): Yes No
 (If an RI program participant or Foundation alumnus/a, list programs(s) and date(s):

The financial obligation of Indiana Midday Rotarians amounts to **\$150.00 quarterly** which includes the local club dues. District dues, and Rotary International dues as well as the cost of our weekly luncheon meetings. This is billed quarterly throughout the year. Any other projects, events, etc., which have a cost to them are strictly voluntary and participation is at the sole discretion of the individual member.

I hereby certify that I am qualified for (check one):
 Active membership – because of my current/former position or because I am currently working or formerly worked or did have or now have a place of business or residence within the Club's locality or surrounding area.
 Honorary membership – because of my meritorious service.

I understand that, if accepted for membership, it will be my duty to exemplify the Object of Rotary in all of my daily contacts and activities and to abide by the constitutional documents of Rotary International and the Rotary Club of Indiana - Midday. I agree to pay the annual dues and meal fees billed quarterly in accordance with the bylaws of the club. I hereby give permission to the club to publish my name and proposed classification, if applicable, to its membership.

Applicant's Signature: _____ Date: _____
 Proposer's Signature: _____ Date: _____