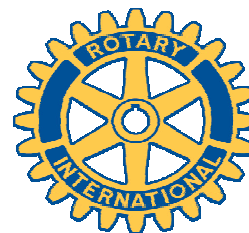




WESTPORT SUNRISE ROTARY

PO BOX 43 Westport CT. 06881-0043 www.westportsunriserotary.com



Application Form

Name: _____
Address: _____
City/Town: _____
Occupation: _____

Date: _____
Tel No: _____
State Zip: _____
Sponsor _____

Business: _____
Address: _____
City/Town: _____
Fax No: _____

Tel No: _____
State/Zip: _____
E-Mail: _____

Briefly describe why you want to join Rotary and what you expect to gain from it. Please attach separate sheet if needed:

The Club has organized committees and single service tasks in order to perform the operations of the club and the services we provide to the community. Below are descriptions of these activities. Please review them and indicate those that you feel you could best contribute your participation:

COMMITTEE:	X	DESCRIPTION
Communications		Club newsletter & PR for local press & media sources
Fellowship		Planning club social events
Membership		Seeking and evaluating prospective members, compile attendance records, Educate members.
Programs		Getting speakers for breakfast meetings
Charitable Giving		Determining recipients of charitable awards
Fund Raising planning		Planning types of fund raising events
Web site		Administer and maintain club website
International		Charitable and other service to international recipients
News Letter scribe		Take the meeting Notes at our weekly meetings for use in the newsletter
Youth Services		Handles Student of the Month, Interact Club affiliations, etc.
Fund Raising Events		Planning and working fund raisers
Hands-On		Planning and participating in community service projects

If you have skills or interests that you feel would help in tasks listed above or a service to the club which is not listed Please elaborate here:

Please list any professional designations & affiliations & other community involvement:

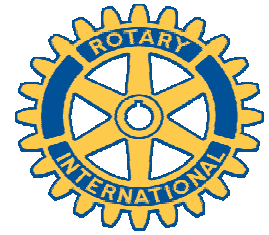
How did you come to know or find out about rotary? (or from whom?)

***The membership process consists of the following actions: 1. Attendance at 3 consecutive meetings. 2. Filing this application with the membership committee. 3. Approval by the membership committee 4. Approval by the board of directors. 5. Approval by the general membership by placing your name in the newsletter for 1 week. 6. Then induction. Along the way your application the club concentration in a particular occupational field is considered, as well as other parts of this application & interactions with club members. It is strongly encouraged that you meet as many members as possible, & complete this form to the best of your ability so that we can get to know you.



Rotary District 7980

Member Information Sheet



Please **PRINT** all information. This form is used to update District's database

Today's Date: _____ Date Joined / Induction Date: _____
month / day / year

Member of: ROTARY CLUB OF WESTPORT SUNRISE

Member Name: _____ Date of Birth: _____
First Middle Initial Last month / day / year

Nickname/ Call name: _____

Children's Names:	_____
_____	_____
_____	_____

Spouse/ Partner Name: _____

Anniversary Date: _____

Member Classification: _____ <small>(attorney/Realtor/investment, etc)</small>	Classification code: _____ <small>(to be completed by club)</small>
Current Club/District office Held (If Any): _____	Membership Status: Active Honorary
	Excused from Attendance: Yes No
	Paul Harris Fellow?: Yes No
	RI Benefactor?: Yes No

CONTACT INFORMATION:

Home Phone: _____

Business Phone _____ Ext: _____

Mobile Phone _____

Business Fax: _____

Alternate Fax: _____

Email Address: _____ Initial here to permit Rotary Email: _____

Home Mailing Address: _____
Street Address apt/ suite #

CITY State Zip + 4

Business Name: _____

Business Mailing Address: _____
Street Address apt/ suite #

CITY State Zip + 4

Preferred Mailing Address: (Circle one) **HOME** **BUSINESS**

District prefers to notify by email that the District Newsletter (The Beacon) is available for reading on the district website (www.rotary7980.org) and not send it by mail. Do you agree to this? **YES** **NO**

Do you have a seasonal address? **YES** **NO** If yes, please notify the district secretary of the alternate address and the inclusive dates for using them.

Please email completed form to: info@westportsunriserotary.org