

Membership Application



**ROTARY CLUB
of SACRAMENTO**

P.O. Box 2528, Fair Oaks, California 95628
(916) 929-2992 / www.rotarysacramento.com

Name _____ Badge Name _____
 First MI Last

New members must be sponsored (recommended) by two current Rotary Club of Sacramento members in good standing. The application approval process also involves an interview with one or more members of our Membership Committee, review of the application by the Committee, and ultimately, approval by the Board of Directors. The process can take several weeks. Please be patient with us, and in the meantime, please do attend our weekly meetings to get acquainted with the club and its members.

Sponsor Information

Member Sponsor #1 _____ Signature _____

Member Sponsor #2 _____ Signature _____

Business/Organization Information

Organization Name _____

Type of Organization _____

Your Title _____

Physical Address _____ City/Zip _____

Mailing Address _____ City/Zip _____

Phone _____ Email _____

Cell Phone _____ Website _____

Personal/Residence Information

Physical Address _____ City/Zip _____

Mailing Address _____ City/Zip _____

Home Phone _____ Cell Phone _____

Personal Email _____ Spouse/Partner _____

Date of Birth _____ Place of Birth _____

Education

Educational Institution _____ City _____

Degree _____ Major _____

Educational Institution _____ City _____

Degree _____ Major _____

Previous Rotary Membership (If Any)

Club: _____

Dates of Membership _____

Rotary Number (If you know it) _____

Offices/Leadership Positions Held _____

Are you a Paul Harris Fellow? ___ Yes ___ No Level Achieved _____

Reason You Left/Are Leaving Other Club _____

Are you related to a current RCOS member? ___ Yes ___ No

If so, member's name(s) _____

Potential Areas of Interest for Club Service*

(Check all that apply)

___ Club Service

___ Membership

___ Communications

___ Service Grants

___ Community Service

___ Weekly Meetings

___ Diversity, Equity, Inclusion

___ Youth Service**

___ Fundraising Events

___ Other _____

**Optional **Background check and training may be required*

Membership Types/Financial Considerations

(Please select one)

___ **Individual** (Membership belongs to the individual)

- One-time initiation fee: \$250 (\$100 for transferring/reinstating Rotarians). Nonrefundable.*
- Annual Dues: \$1,895, billed quarterly at \$473.75.
 - Dues include all weekly luncheons, plus events such as Firesides and Networking Nights. Ticketed events billed separately.
- Annual Giving (Suggested):
 - \$100 to Rotary International Foundation
 - \$100 to Rotary Club of Sacramento Foundation

___ **Corporate/Nonprofit** (Membership belongs to the organization)

- One-time initiation fee: \$250 per person; minimum of two, maximum of three applicants (\$100 for transferring/reinstating Rotarians). Nonrefundable.*
- Annual Dues: \$850 per person, billed once annually in July.
 - Dues include events such as Firesides and Networking Nights. Ticketed events billed separately. Weekly luncheons not included.
- Weekly Luncheons: \$30 per person per meeting attended. First 20 meals for each member will be billed in advance in July. After 20 member meals, organization is invoiced \$30 per meal.
- Annual Giving (Suggested):
 - \$100 per member to Rotary International Foundation
 - \$100 per member to Rotary Club of Sacramento Foundation
- Organization may replace individuals, subject to approval of the club board.
(*I am applying to replace* _____)

___ **Young Professionals** (Membership belongs to the individual)

- One-time initiation fee of \$100. Nonrefundable.*
- Annual dues of \$566, billed quarterly at \$141.50.
 - Dues include events such as Firesides and Networking Nights. Ticketed events billed separately. Weekly luncheons not included.
- Weekly Luncheons: \$30 per meeting attended, invoiced monthly.

**Initiation Fees are non-refundable and are due with application.*

Applicant Comments/Instructions/Questions

Payment Instructions

(Rotary Staff: Remove this page **before** giving the application to the committee.)

___ **Initiation Fee** (nonrefundable)*

___ My check accompanies this application. ___ Please bill the card below.
*Must be paid when application is submitted.

___ **For Individual and Young Professionals Applicants**

I understand that all membership costs are my personal responsibility, and hereby authorize Rotary Club of Sacramento to:

___ Bill all club charges incurred, and any charitable contributions to the Rotary Club of Sacramento Foundation, to the following credit card:

Card type _____ Number _____

Name on card _____ Exp Date _____

CVS code _____ Billing Zip _____

___ Mail/email me an invoice for all club charges incurred, and any donations to the RCOS Foundation. I understand that payment is due by the end of the month in which the charges are billed. Invoices should be sent to:

___ My office address ___ My home address ___ My email

___ **For Corporate and Nonprofit Applicants**

My organization has authorized me to commit, on its behalf, to pay all regular membership costs that may be incurred by me. Rotary Club of Sacramento is hereby authorized to:

___ Bill all charges incurred, except donations, to this corporate credit card:

Card type _____ Number _____

Name on card _____ Exp Date _____

CVS code _____ Billing Zip _____

___ Mail invoices for all charges incurred, except donations, to the address indicated below.

___ Office address shown above; or

___ A different address:

Organization Name _____

Billing address _____

City _____ State _____ Zip _____

Attention _____

We understand that payment is due by the end of the month in which the charges are billed.

Signed _____ Date _____

Print Name _____