

The Rotary Club of Grantsburg

715-689-2940



Membership Application

Contact: Stanley Peer, Chairman

The Rotary Club of Grantsburg

22847 Akermark Rd.

Grantsburg, WI 54840

I, the undersigned, being familiar with the requirements for and conditions of membership as explained within this brochure and contained within the Constitution and ByLaws, hereby make application for membership in the Rotary Club of Grantsburg. My membership and classification will be determined by the appropriate committees and I understand that it will be my duty, if elected to membership, to exemplify the Object of Rotary and the Four Way Test in all my daily professional and personal contacts and activities and to abide by the Constitution and ByLaws of The Rotary Club of Grantsburg. 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: _____

My firm's name: _____

My position (check one) Proprietor Officer Partner Manager Executive

Other (explain) _____

My business address: _____

City, State, Zip: _____

Business Phone: _____ Business Fax: _____

Email: _____

My residence address: _____

City, State, Zip: _____

Residence phone: _____

Previous Rotary memberships: _____

Date of Birth: _____ Date of Application: _____

Signature: _____