

**ROTARY CLUB OF CABARRUS COUNTY  
MEMBERSHIP APPLICATION**

By submitting this application I certify that I am actively engaged in the business, profession, or professional activity stated below and that my place of business, business activity, or residence is located within the Cabarrus County area. I understand that, if elected to membership, it will be my duty to exemplify the object of Rotary in my daily contacts and activities, and to abide by the Constitution and Bylaws of the Club. I also affirm that I am familiar with and agree to adhere to the obligations stated on page two of this application and further agree to adhere to any future obligations deemed necessary by the Board of Directors and/or membership of the Club. In accordance with the Bylaws of the Club I certify that by my signing and submitting of this application to the Secretary, I hereby give permission to the Club to publish my name and proposed classification to its members.

**(COMPLETE ALL THREE PAGES. PLEASE PRINT.)**

FULL NAME: \_\_\_\_\_

NICKNAME: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

PRINCIPAL AND RECOGNIZED ACTIVITY OF FIRM: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

IF FORMER ROTARIAN, LIST CLUB(S) AND DATES: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ ANNIVERSARY: \_\_\_\_\_

BIRTHDATE (MONTH/DAY/YEAR REQUIRED): \_\_\_\_\_

CHILDREN (NAME/AGE): \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

RECEIVED BY SECRETARY: \_\_\_\_\_

CLASSIFICATION (COMPLETED BY SECRETARY): \_\_\_\_\_

**I UNDERSTAND THAT EACH MEMBER OF THE ROTARY CLUB OF CABARRUS COUNTY IS EXPECTED TO:**

**\* Attend virtually all regularly scheduled meetings during each six period (July-December/January-June). I am aware that if my attendance falls below 50% for any six-month period, I may be automatically terminated from membership.**

**\*Make up virtually all regular meetings missed within a fourteen day period either before or after a missed meeting in order to maintain good attendance by:**

- o Attending meetings of other Rotary clubs.**
- o Attending a Club committee meeting.**
- o Voluntary service at a recognized Club project.**
- o Attending District meetings and functions.**

**\*Actively serve on at least two committees.**

**\*Actively participate in Club service projects (i.e. Salvation Army Bell Ringing, Selling Angels for Hospice, Meals On Wheels, Habitat for Humanity, etc.)**

**\*Pay quarterly dues promptly. Any member failing to pay fees and dues by the prescribed time (payable starting January 1, April 1, July 1, October 1, and delinquent after the 30<sup>th</sup> of the same month) shall be notified in writing by the Treasurer via email or US Mail at the member's last known address. If the fees and dues are not paid by the 15<sup>th</sup> of February, May, August, or November, said membership shall automatically terminate. The Board of Directors reserves the right to waive termination of membership if good cause for non-payment is presented to the Treasurer by the member.**

**\*Be encouraged to begin making a minimum contribution of \$25 per quarter to the Rotary Foundation. This is noted in the quarterly dues invoice. Rotary International encourages "Every Rotarian Every Year" to give \$100. You will become a Paul Harris Fellow when you have donated a total of \$1,000 to the Rotary Foundation.**

**\* Attend New Member Orientation**

**I ACCEPT ALL OF THESE EXPECTATIONS: \_\_\_\_\_**

**DATE: \_\_\_\_\_**

Please list below any community service that you have performed in the past five years.

ENCLOSE A NON-REFUNDABLE APPLICATION FEE OF FIFTY DOLLARS (\$50.00) PAYABLE TO ROTARY CLUB OF CABARRUS COUNTY, AND MAIL TO:

STEVE BRANDT  
6384 WALTER WRIGHT ROAD  
PLEASANT GARDEN, NC 27313