

**FARGO WEST ROTARY MEMBERSHIP
APPLICATION AND DUES SCHEDULE**

Name of Applicant _____ Sponsor _____

Name to Be Imprinted on Name Badge _____

Name of Firm/Company _____

Position _____ Type of Business _____

Business Address _____

City State _____ Zip _____

Business Phone _____ Cell _____

Email Address _____

Spouse Name _____

Home Address _____

City State _____ Zip _____

Birth Date _____ Wedding Anniversary Date _____

Send mail to? Office _____ Home _____ Email _____

Fargo West Rotary

Membership

PO Box 9237

Fargo, ND 58106-9237

If you have any questions, please e-mail Betty Opheim at bettynd@gmail.com.

Statement to be signed by proposed member:

I hereby certify that I am qualified for membership in Rotary International.

I understand that it will be my duty to exemplify the core values of Rotary in all my daily contacts and activities.

I agree to pay quarterly dues of \$140.00 in accordance with the bylaws of the club. In addition, I agree to pay an admission fee of \$60.00, which includes \$10.00 for the badge and \$50.00 for the Rotary Foundation, which will be matched by Fargo West Rotary Club automatically making me a Paul Harris Sustaining Member.

I hereby give permission to the club to publish my name and proposed classification in the membership roster.

Proposed Member's Signature and Date

Sponsor's Signature and Date