

Rotary Club of Owatonna

www.owatonna Rotary Club.org



CORPORATE Membership Application

Return completed application to: Lois Nelson, Secretary

Via email: lmn0513@gmail.com

Via U.S. mail: Owatonna Noon Rotary Club, PO Box 218, Owatonna, MN 55060

I, the undersigned, 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 Owatonna Noon Rotary Club. I agree to pay the **quarterly dues** of \$225 personally if my business does not. I understand that my classification, as well as my membership status, may change due to any job change I may incur. I hereby give permission to the club to publish my name and proposed classification as a potential member.

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Business website: _____

Primary Member: _____

Please list any previous Rotary memberships: _____

Name of Rotarian proposing my membership to Rotary Club of Owatonna: _____

ALTERNATE Members:

1) Full name: _____ Nickname: _____

Preferred Email: _____

Home street address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Work ___ Home ___ Cell ___

Date of birth (Month & Day only): _____

2) Full name: _____ Nickname: _____

Preferred Email: _____

Home street address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Work ___ Home ___ Cell ___

Date of birth (Month & Day only): _____

3) Full name: _____ Nickname: _____

Preferred Email: _____

Home street address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Work ___ Home ___ Cell ___

Date of birth (Month & Day only): _____

Date of application: _____

Primary Member's Signature: _____