



Phillipsburg Rotary Membership Form

Name: _____

Address: _____

Telephone: _____ **Cell:** _____ **Email:** _____

Winter Address: _____

Spouse Name (if applicable): _____

Birthday (MMDD): _____ **Anniversary (MMDD):** _____

Business Name: _____

Business Address: _____

Business Telephone: _____

Have you been involved in Rotary in another location before: YES _____ NO _____

If so where: _____ **If so, how many years:** _____

Previous Club name: _____ **Dates: from** _____ **to** _____

Any Offices Held at other Rotary Clubs: YES _____ NO _____ **What Office:** _____

Classification: _____

Other Information: _____

List 2 references with contact phone numbers: _____

Recommended by: _____

How did you hear about the Phillipsburg Rotary? _____

What can you add to our Club (Experience, Skills, Abilities, Spirit, Culture, Contacts, etc.)?

Explain: _____

Individual Dues: \$50.00 per quarter, for which you will be billed in July, October, January, and April; and \$15.00 per meal at each weekly meeting. Or, \$190.00 per quarter which includes meals.

Send this completed form to: Phillipsburg Rotary, c/o Angelo Faillace, 729 Jackson Road, Stewartville, NJ 08886