

# **Satellite Club Membership Application**

Title (Mr., Ms., Mrs., Dr., Rev., etc): _	Suffix (Jr., Sr., III, etc.):
Family name:	
First name: Mid	ldle name:
Gender: Male Female	
Former/current Rotarian: No Yes	
If yes, RI membership ID number:	
Name of former/current club:	
Former/current firm:	
Position:	
For phone and fax numbers, include area codes	
Home Phone:	Business phone:
Home Fax:	Business fax:
Mobile:	Email:
Mailing address (check one):  Residence Business Other	
Address:	City:
State: Zip Code:	
Magazine <sup>.</sup> ☐ Rotary	

## **Satellite Club Membership Application, page 2**

Name:	Date of Birth:
What are your professiona	al goals and/or Rotary goals, over the next three years?
Please prioritize which club committee(s) you would like to serve on (Club Programs, Community Service, Fundraising, Membership, Public Image). See committee primary roles below.	
Committee Preferences:	1
	2
	3

### **Committee Primary Roles**

#### **Club Programs**

Following guidance provided by the Board, nominate articulate speakers who will educate club members. Programs should be balanced and present diversity in speakers and topics. Solicit speaker nominations from club members.

#### **Community Service**

Lead the club's humanitarian service initiatives. Assess the community to identify a need, determine how best to address it, and understand available resources.

#### **Fundraising**

Self-explanatory

#### Membership

Attract, engage, and educate club members.

#### **Public Image**

Create awareness of club activities and projects among club members, media, and the community. Use social media to promote awareness of Rotary and our club in the community. Share our club's Rotary stories with the local media.

Please return completed form to Neva Lynde, Membership Chair (Neva.Lynde@cox.net or 757.532.0802)