

**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](mailto: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