

CLUB APPLICATION

- Complete all requested information. Incomplete forms result in processing delays.
- Your district governor signs and verifies that the application information is complete.
- Information in Rotary's database is subject to [Rotary's privacy policy](#).
- Ensure that all email addresses are included. Email addresses are a vital part of Rotary's communication strategy. The club needs an email address that is different from its members.
- Forward your completed application form to your district's [CDS team](#).

District number _____

Governor's name _____

Sponsor club name _____

New club will not have a sponsor club.

NEW CLUB ADVISER

Title (Mr., Ms., Mrs., Dr., Rev., etc.) _____ Suffix (Jr., Sr., III, etc.) _____

Family name _____

First name _____ Middle name _____

Member, Rotary Club of _____
List club's official name above, including country

Email _____ Preferred phone _____

CLUB NAME

Club names should be easily recognizable on a map or in an Internet search. This allows clubs to be more easily located by visiting Rotarians and others.

The name of this organization shall be (check one): Rotary Club of Rotary E-Club of

List the club name, including community/state/province/prefecture and country or geographical area

CLUB LOCATION

The location description of a club should be easily found on a map or in an Internet search and should reflect the community it serves so that anyone can determine the club's location.

The location of this club is _____
List community name and surrounding area

OFFICER NAMES

President _____

Please check the box if the officer listed above will continue the next Rotary year starting on 1 July.

Secretary _____

Please check the box if the officer listed above will continue the next Rotary year starting on 1 July.

President-elect _____

Please check the box if the officer listed above will continue the next Rotary year starting on 1 July.

Treasurer _____

Please check the box if the officer listed above will continue the next Rotary year starting on 1 July.

ROTARY MAGAZINES

Please ensure that all charter members indicate their magazine choice on the charter member list.

Select one:

All of our members subscribe to The Rotarian.

Please indicate the total number of The Rotarian printed version copies needed _____

Please indicate the total number of The Rotarian digital version copies needed _____

All of our members subscribe to The Rotarian or the following Rotary regional magazine certified by RI

List the name of the certified regional magazine

Check this box to verify that your club is in a country excused by the RI Board from magazine subscription.

WEEKLY MEETING

Day of week _____

Time (include official website posting time for e-clubs) _____

Rotary club Name of meeting place _____

E-club Website address _____
E-club applications require a working URL

Address (include postal code):

RI CHARTER FEE AND CERTIFICATE

Number of charter members _____ x \$15 = _____

Currency in which the charter fee was paid and total amount _____

Charter fee is being paid via:

Check* Money order Fiscal agent Bank transfer to an RI account outside U.S.

Other _____

**Non-U.S. clubs that remit by check to the U.S. Lockbox must have their check drafted through a U.S. bank.*

Please attach check or proof of payment.

Paperless club invoice — We will receive our Rotary club dues invoice by email.

How does your club wish to receive its charter? — Select one: Electronic Print None

CLUB CONTACT INFORMATION

If the club has a preferred mailing address, i.e., a post office box, provide that information below:

Email _____
Must be separate and different from the club members' email addresses

Website _____

Phone (include country/city/area codes) _____

Mailing address:

CERTIFICATION

Club president and secretary signatures verify that this club is organized in accordance with Rotary's constitutional documents and policies, and that the information is accurate and kept on file with the club. The signatures below certify that this new club meets the qualifications in Rotary's constitutional documents.

List club name, including community, state/province/prefecture, country/geographical area

applies for Rotary membership and the club officers signatures below confirm that the new club

1. Will abide by the [RI Constitution](#) and [RI Bylaws](#)
2. Has adopted Rotary's [Standard Rotary Club Constitution](#) as the club's and will abide by its provisions
3. Will always have bylaws that are in harmony with Rotary's constitutional documents, including the [Standard Rotary Club Constitution](#)
4. Will not become a member of, or assume obligations of membership in, any organization other than Rotary
5. Shall maintain the obligations of a member club of Rotary

Club president's signature _____ Date _____

Club secretary's signature _____ Date _____

As governor of the district, I endorse this club's application for admission to Rotary and certify that this application meets the requirements in [Rotary's constitutional documents](#) and [Rotary's Code of Policy](#).

I confirm that the following statements are true and correct:

All members of the proposed new Rotary club have participated in an appropriate orientation and education program under the guidance of district leaders and members of the sponsoring Rotary club.

The club has set a membership admission fee and an annual fee to cover its financial obligations.

The club has a well-balanced membership in compliance with Article 5, Section 2 of the RI Constitution: "Each club shall have a well-balanced membership in which no one business, profession, or type of community service predominates."

The club is fully aware that it is not entitled to impose any limitations on membership regarding gender, race, creed, age, and sexual orientation.

All current or former Rotarians joining this new club have provided written proof from their current or previous clubs confirming that all of their previous club debts have been paid.

Name _____ District _____

District Governor's signature _____ Date _____

CHARTER LIST

Attached is a list of charter members required by the RI Board of Directors.

CHARTER LIST

Copy this page for each member. You need a minimum of 20 charter members.
Please type or print clearly.

Title (Mr., Ms., Mrs., Dr., Rev., etc.) _____ Suffix (Jr., Sr., III, etc.) _____

Family name _____

First name _____ Middle name _____

Gender: Male Female

Date of birth _____

Were you a former Rotarian or are you a current member of another Rotary club: No Yes

Current members should not terminate in their existing club as their changes will be reflected as soon as the new club is admitted to Rotary.

If yes, RI membership ID number _____

Name of former/current club _____

Are you a Rotary alumnus/alumnae? No Yes

Alumni are former participants in Interact, Rotaract, Youth Exchange, RYLA, Rotary Peace Fellowships, Scholarships, vocational training teams, and Group Study Exchange.

Your job title _____

Name of your business or organization _____

Email _____

Preferred phone (including country/city/area codes) _____

Alternate phone _____

Preferred mailing address* (check one): Residence Business Other _____

**If this is a post office box, please provide an alternate address for courier delivery.*

Alternate address (complete only if mailing address is a PO box): Residence Business Other

Magazine — Select one: The Rotarian (print) The Rotarian (digital) Rotary regional magazine