

ROOSTERS' MEMBERSHIP APPLICATION

NAME (PRINT) _____ CELL PHONE () _____

HOME ADDRESS _____ CITY _____

ZIP CODE _____ E-MAIL ADDRESS: _____ AGE _____ DOB _____

MARRIED ___ SINGLE ___ WIFE OR SIGNIFICANT OTHER NAME _____

WIFE'S CELL (OR EMERG. CONTACT) _____ WIFE'S EMAIL _____

BUSINESS NAME _____

ADDRESS _____ CITY _____ ZIP CODE _____

TITLE _____ PHONE () _____ EXT. _____

TYPE AND DESCRIPTION OF BUSINESS _____

MEMBERSHIP IN OTHER ORGANIZATIONS _____

COLLEGES-DATES-MAJOR _____

INTERESTS/HOBBIES _____

Committees of interest (you may circle two in addition to Ambassador's, since all new members are required to join the Ambassadors Committee): Charity-fundraising, Social-entertainment, Speakers, Public Relations, Membership, Golfing for Kids, Food and Wine Celebration, Food Drive. See your sponsor for more information.

I hereby apply for Rooster's membership. I have reviewed and accept the by-laws, the Roosters Creed, and the code of conduct. I will attend Roosters luncheons, meetings, social events, and charity fundraisers and "be involved" as a condition of membership. I am aware that my application for membership must be approved by the Roosters board of directors before it becomes effective.

PROSPECTIVE MEMBER'S SIGNATURE _____ DATE _____

SPONSOR'S NAME & SIGNATURE _____ DATE _____

MEMBERSHIP CHAIRMAN'S NAME & SIGNATURE _____ DATE _____

PRESIDENT'S NAME & SIGNATURE _____ DATE _____

MEMBERSHIP COMMITTEE ACTIONS:

DATES: APPLICATION RECEIVED _____ DATE INTERVIEWED _____ APPROVAL _____

FIRST YEAR DUES \$350 + \$50 Application METHOD OF PAYMENT _____ DATE _____ CK # _____

For Roosters membership information, contact Bob Scanlan at 714-878-2342, rscanlan@me.com or Rich Morin at 949-981-0800, richmorin11@gmail.com.

Visit www.roostersfoundation.org for more information about the Roosters organization.