



ROOSTERS' MEMBERSHIP APPLICATION

NAME (PRINT) _____ CELL PHONE _____

HOME ADDRESS _____ CITY _____

ZIP CODE _____ E-MAIL ADDRESS: _____ Birth Month _____

MARRIED _____ SINGLE _____ SPOUSE OR SIGNIFICANT OTHER NAME _____

Spouse CELL (or emergency contact) _____ Spouse EMAIL _____

BUSINESS NAME _____

ADDRESS _____ CITY _____ ZIP CODE _____

TITLE _____ PHONE _____ EXT. _____

TYPE AND DESCRIPTION OF BUSINESS _____

MEMBERSHIP IN OTHER ORGANIZATIONS _____

COLLEGES-DATES-MAJOR _____

INTERESTS/HOBBIES _____

NAME OF SPONSOR _____

Committees of interest (you may indicate 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. See your sponsor for more information.

I hereby apply for Rooster's membership. I have reviewed and accept 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. By submitting this application, you agree for your personal information to be shared with the Rooster 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 SIGNATURE _____ DATE _____

MEMBERSHIP CHAIRPERSON'S SIGNATURE _____ DATE _____

PRESIDENT'S SIGNATURE _____ DATE _____

MEMBERSHIP COMMITTEE ACTIONS:

DATES: APPLICATION RECEIVED _____ DATE INTERVIEWED _____ APPROVAL _____

FIRST YEAR DUES: **\$400** + ONE TIME APPLICATION FEE: **\$ 50**

METHOD OF PAYMENT _____ DATE _____ CK# _____

For Roosters membership information contact John Trapani: 714 815-5385 trapmix@gmail.com