

ROOSTERS 2009 MEMBERSHIP APPLICATION

NAME (PRINT) _____

HOME ADDRESS _____

CITY _____ ZIP CODE _____ PHONE () _____ FAX () _____

E-MAIL ADDRESS: _____ CELL PH. _____

MARRIED ___ SINGLE ___ AGE _____ DATE OF BIRTH _____ NICKNAME _____ WIFE'S NAME _____

BUSINESS NAME _____

ADDRESS _____ CITY _____ ZIP CODE _____

TITLE _____ PHONE () _____ EXT. _____ FAX () _____

TYPE AND DESCRIPTION OF BUSINESS _____

MEMBERSHIP IN OTHER ORIGINATION _____

COLLEGES-DATES-MAJORS _____

INTERESTS/HOBBIES _____

COMMITTEES OF INTEREST (YOU MAY CIRCLE TWO, BUT ALL NEW MEMBERS ARE REQUIRED TO JOIN THE AMBASSADORS COMMITTEE): CHARITY-FUNDRAISING; SOCIAL-ENTERTAINMENT; SPEAKERS; PUBLIC RELATIONS; HISTORIAN; MEMBERSHIP; OR AMBASSADORS

I, HEREBY, APPLY FOR ROOSTERS 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 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 _____ PROSPECTIVE MEMBER INTERVIEWED _____ APPROVAL _____

FIRST YEAR DUE'S IS \$300 + \$100 initiation. METHOD OF PAYMENT _____ DATE _____ CHECK # _____

For Roosters membership information, contact Membership Chairman Doug Davidson

Cell: 714-612-4440 E-mail: massive@cox.net. You may email your application or use the Roosters mailing address: 2222 Michelson, Ste. 300, Irvine, CA 92612-1380