

Rotary SATELLITE CLUB APPLICATION

Congratulations and thank you for your time and effort organizing your club!

Complete this application fully and send it to your [Club and District Support representative](#).

CLUB NAME

The name of this satellite club will be:

Rotary Satellite Club of _____

(Include the full sponsor club name, the qualifier, and the country or geographic area. Example: The Rotary Satellite Club of Evanston After Hours, Illinois, USA.)

Sponsor club name _____
(Give the complete name, including the club name, the state or province name, and the country or geographic area.)

OFFICERS

Chair _____

Secretary _____

Chair-elect _____

SATELLITE CLUB MEETING DETAILS

Meeting day _____ Meeting time _____

Meeting frequency (at least twice a month) _____

Meeting format (in person, online, or both) _____

Meeting location _____

Street address _____

City _____ State or province _____

Postal code _____ Country _____

FOR SATELLITE CLUBS THAT MEET ONLINE:

Website URL for online meetings _____

SATELLITE CLUB CONTACT INFORMATION

If the satellite club has a preferred mailing address, such as a post office box, list that information:

Mailing address _____

City _____ State or province _____

Postal code _____ Country _____

Phone (include country and city or area codes) _____

Email address (cannot be the same as a member's email) _____

Website and social media pages _____

ROTARY MAGAZINES

(check one)

- Everyone subscribes to *Rotary* magazine.
- Some or all of our members subscribe to the following Rotary regional magazine certified by RI:

and everyone subscribes to either it or *Rotary* magazine. (Please ensure that all satellite club members indicate their magazine choice on the member list.)

- The satellite club is in a country excused by the RI Board from subscribing to a magazine: Afghanistan, Albania, Armenia, Azerbaijan, Bosnia-Herzegovina, Cambodia, Croatia, Cyprus, Estonia, Georgia, Greece, Hungary, Indonesia, Israel, Kazakhstan, Kosovo, Latvia, Lithuania, Moldova, Mongolia, Montenegro, North Macedonia, Romania, Slovenia, or Tajikistan.

CERTIFICATION

Please read the following carefully. Your signature certifies that this satellite club meets the qualifications set forth in RI's constitutional documents.

If approved, this satellite club will:

1. Abide by the [RI Constitution](#) and [RI Bylaws](#)
2. Abide by the [Standard Rotary Club Constitution](#) of the sponsor club
3. Maintain a good relationship with the sponsor club and abide by its decisions
4. Provide the sponsor club with all reports required by the Standard Rotary Club Constitution
5. Promptly inform the sponsor club about all membership changes
6. Submit RI dues for all members to the sponsor club in a timely manner

The signatures of the chair and secretary of this satellite club verify that this club is organized in accordance with [Rotary's policies and constitutional documents](#) and that the information in this application is accurate.

Satellite club chair's signature _____ Date _____

Satellite club secretary's signature _____ Date _____

As officers of the sponsor club, we certify that:

1. This application meets the requirements in Rotary's constitutional documents and the Rotary Code of Policies, and we endorse this club's application to become our satellite club
2. All members of the provisional satellite club have participated in an appropriate orientation and education program under the guidance of our club
3. Officers of the sponsor club will participate regularly in the meetings of the satellite club
4. Members of the satellite club will be included on the club invoice for the sponsor club and will pay their RI dues through the sponsor club
5. The satellite club has set an appropriate admission fee and an appropriate annual fee that will allow it to cover its financial obligations
6. The district governor has been informed of our intention to sponsor a satellite club

Sponsor club president's signature _____ Date _____

Sponsor club secretary's signature _____ Date _____

Rotary SATELLITE CLUB MEMBER INFORMATION FORM

Complete one information form for each satellite club member. [Download additional forms.](#)

The personal data you provide on this form will be shared with Rotary International and The Rotary Foundation (collectively, "Rotary"), and the club's Rotary district and its leaders. The personal data you share with Rotary will be used only for official Rotary business, which includes inviting you to participate in other membership opportunities, membership data reporting, financial processing, supporting The Rotary Foundation, facilitating event planning, communicating key organizational messages, and responding to your questions. Personal data collected by Rotary on this form is subject to Rotary's [privacy policy](#).

Please type or print clearly

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

First name _____ Middle name _____

Last name _____

Gender: Male Female Prefer to self-describe Prefer not to share

Birth date (MM/DD/YYYY) _____

Are you a current or former member of another Rotary or Rotaract club? No Yes

If yes, Rotary member ID number _____

Name of former or current Rotary or Rotaract club _____

For phone numbers, include the country and city or area codes.

Preferred phone _____ Alternate phone _____

Email address _____

Mailing address* (check one):

Residence Business Other

Address _____

City _____ State or province _____

Postal code _____ Country _____

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

Alternate address (complete only if your mailing address is a post office box):

Residence Business

Address _____

City _____ State or province _____

Postal code _____ Country _____

Select one magazine:

Rotary magazine (print) Rotary magazine (digital) Rotary regional magazine