



SATELLITE CLUB APPLICATION

All information requested on this form is required. Incomplete forms result in processing delays. Submit the signed and completed form to your [Club and District Support representative](#).

BACKGROUND INFORMATION

The satellite club is currently a Rotary club: Yes No

If yes, please provide the club number: _____

CLUB NAME

The name of this satellite club will be (check one):

Rotary Satellite Club of

Rotary Satellite E-Club of

(complete name includes full sponsor club name, additional qualifier, country/geographical area)

Sponsor Club Name: _____

(complete name includes community, state/province/prefecture, and country/geographical area)

LOCALITY

The locality* of this satellite club is _____ and the surrounding area.

*A locality is a geographic description of the area the club serves. The locality of a satellite club is the same as the sponsor club or the surrounding area.

OFFICERS

Chair: _____

Secretary: _____

Chair-elect: _____

WEEKLY MEETING

Day of week: _____ Time: _____

Name of meeting place: _____

Address: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

For Rotary e-clubs only:

Website URL for online meetings: _____

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

SATELLITE CLUB CONTACT INFORMATION

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

Address: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

Phone (include country/city/area codes): _____

Fax (include country/city/area codes): _____

Email: _____ Website: _____

ROTARY MAGAZINES (check one)

- Everyone subscribes to *The Rotarian*.
- Some or all of our members subscribe to the following Rotary regional magazine certified by RI: _____, and everyone subscribes to either it or *The Rotarian*. (Please ensure that all satellite club members indicate their magazine choice on the member list.)
- Satellite club is in a country excused by the RI Board from subscribing to a magazine.

CERTIFICATION

Please read the following items 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 Constitution and Bylaws of RI
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 apprise the sponsor club of all membership changes and submit RI per capita dues for all members to the sponsor club in a timely manner

The signatures of the chair and secretary of this satellite club attest to this club being organized in accordance with the constitutional documents and policies of RI 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 the constitutional documents of RI and the policies of the RI Board of Directors, 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 the sponsoring Rotary club
3. Officers of the sponsor club will participate in the meetings of the satellite club on a regular basis
4. The members of the satellite club will be included on the sponsor club's semiannual report (SAR) and will pay their RI per capita dues through the sponsor club
5. The satellite club has set for its members an appropriate admission fee and an appropriate annual fee that allows the club 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: _____



SATELLITE CLUB MEMBER INFORMATION FORM

Complete one information form for each satellite club member. [Click here to download additional member information forms.](#)

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

Preferred language: _____

Former/current Rotarian: No Yes

If yes, RI membership ID number: _____

Name of former/current club: _____

Former/current firm: _____

Position: _____

For phone and fax numbers, include country/city/area codes.

Home Phone: _____ Business Phone: _____

Home Fax: _____ Business Fax: _____

Mobile: _____ Email: _____

Mailing address* (check one):

Residence Business Other

Address: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

*If 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

Address: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

Magazine: *The Rotarian* Rotary regional magazine