

The Rotary Club of Valdese



Membership Application

Contact: Ted Carothers
(828) 413-7511

I, the undersigned, being familiar with the requirements for and conditions of membership as explained within this brochure and contained within the Constitution and By Laws, hereby make application for membership in the Rotary Club of Valdese. My membership and classification will be determined by the appropriate committees and I understand that it will be my duty, if elected to membership, to exemplify the Object of Rotary and the Four Way Test in all my daily professional and personal contacts and activities and to abide by the Constitution and By Laws of The Rotary Club of Valdese. I agree to pay the dues and assessments in accordance within the By Laws of the club. I hereby give permission to the club to publish my name and proposed classification as a potential member.

Full Name _____

Mailing address _____

City, State, Zip _____

Home phone _____

Cell Phone _____

Preferred email _____

Birthdate Month _____ Day _____ Year (Optional) _____

Business Name _____

Business phone _____

Previous Rotary memberships:

Club Name _____

Previous Rotary ID number _____

Dates From _____ To _____

Membership ID # _____

Signature _____ Date _____

TO BE COMPLETED BY MEMBERSHIP DIRECTOR

Classification: _____

If former Rotarian: Club Name _____

District # _____

Club # _____

Dates: From _____ To _____

Rotary Member # _____ find club info at www.rotary.org

Mentor at RCOV: _____

TO BE COMPLETED BY SECRETARY:

Action on Proposal: _____ DATE _____

Received by Secretary: _____

Former Rotary Club contacted _____ In good standing _____ Not in good standing

Submitted to membership bulletin for two weeks _____

Board Decision: Approved _____ Disapproved _____

Proposed to Club: _____

Final Approval: _____

Signed Form: _____

Admitted to membership: _____

Entered into Member Access: _____