 ROTARY CLUB OF SCOTT COUNTY VIRGINIA

 P. O. Box 728, Gate City, VA 24251

 Membership Proposal

I propose for membership in Rotary Club of Scott County Virginia:

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | Employer |  |
| Address |  | Address |  |
|  |  |  |  |
| Phone |  | Phone |  |
| Cell |  | Cell |  |
| Fax |  | Fax |  |
| E-Mail |  | E-mail |  |
| *Preferred method of contact*  |  | Home |  | Business  | Occupation/Job Title  |  |

|  |  |
| --- | --- |
| Retired | Member or Previous Member of Other Rotary Club |
| Former Employer Name |  | Rotary Club Name |  |
| Former Position |  | Dates of Membership |  |

|  |  |
| --- | --- |
| Date of BIRTH (mm/dd/yyyy) |  |
| Spouse Name |  | Anniversary Date (mm/dd/yyyy) |  |

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| Activities that would enhance consideration as a Rotarian. Use back of form for additional space. |
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| I hereby certify that I am qualified for membership both by the current/former executive position and by having a place of business or residence within the club’s territorial limits, or the same city/county in which the club is located.I understand that it will be my duty, if accepted, to exemplify the Object of Rotary in all my daily contacts and activities and to abide by the constitutional documents of Rotary International and the Rotary Club of Scott County Virginia. I agree to pay a one-time admission fee of **$50.00** and the quarterly dues of **$100.00** in accordance with the bylaws of the club. I hereby give permission to the club to publish my name and proposed classification to its membership. |
| Proposed Member’s Signature |  | Date |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Proposed Classification |   |  | Active |  | Honorary |
| (Rotarian) Proposer ‘s Signature |  | Date |  |