Membership Application / Proposal Form

The Rotary Club of Salida

Prospective Member's Name: _____ **Birthdate (MM/DD):** _____ / _____

Home Address: _____

City _____ **Zip** _____ **Cell/Home Phone:** (_____) _____ - _____

Occupation: _____

Business / Employer Name: _____

Business Address: _____

City _____ **Zip** _____ **Business Phone:** (_____) _____ - _____

Proposed Classification: *Rotary clubs can offer different types of memberships. Each type of membership can have its own policies for dues, attendance, and service expectations.* ***Place an "X" next to your proposed membership:***

_____ ***INDIVIDUAL*** _____ ***BUSINESS*** _____ ***HONORARY*** _____ ***JUNIOR*** ____ ***TRANSFER***

If a former Rotarian or current Rotarian transferring, list Rotary Club(s) & dates:

_____

_____

Your personal / professional activities that will enhance your participation as a Rotarian:

_____

_____

_____

Your reasons for joining the Rotary Club of Salida:
https://www.rotary.org/en/about-rotary https://www.facebook.com/RotaryClubofSalidaCO/

_____

_____

_____

_____

A Little About Us:
In Salida, our Rotary club is the *largest service organization* with over 50 active members. Our motto is Service Above Self. In 1989, the **Council on Legislation** established Service Above Self as the principal motto of Rotary because it best conveys the philosophy of unselfish volunteer service.

You should have received our Service Above Self flyer, with your application, which outlines how our club members can get involved in giving back to our community. Please check the box(es) below to indicate the area(s) service in which you are interested in serving during your FIRST year as a Rotarian:

- ☐ Scholarship Committee
- ☐ Rotary Foundation Grants
- ☐ Interact Club
- ☐ Rotary Youth Exchange
- ☐ Lenten Friday Fish Fry
- ☐ Bluegrass On The Arkansas
- ☐ Rotary's Basic Education and Literacy Month
- ☐ Parade of Lights
- ☐ The Salvation Army
- ☐ Salida Christmas Mountain Ornaments

I hereby certify I am qualified for membership in the Rotary Club of Salida by my current and/or former position.

Signature: _____ Date (MM/DD/Year): _____

I understand it will be my continuing responsibility, if accepted into membership, to exemplify the objectives of Rotary in all my daily contacts and activities, and to abide by the Constitution and By laws of the Rotary Club of Salida and Rotary International, the chartering entity for all Rotary Clubs. I agree to pay the club dues on a quarterly or annual basis. There are several annual events and activities that are designed to generate financial and other support for Rotary Club of Salida, Rotary International, and/or the Rotary Foundation and their respective compatible missions, which I hope to support.

I hereby give permission to the Rotary Club to publish my name, this application form as completed by me and proposed classification to its membership.

Signature: _____ Date (MM/DD/Year): _____

Member Name Proposing Prospective Member: _____

Next Steps:
Once the membership chair receives your application, he/she will contact you to set up a membership meeting. If you have any questions about our club, membership, areas of service, etc., you can address them during this meeting. Once accepted, then you will be invoiced for membership dues. As stated above, e*ach type of membership can have its own policies for dues, attendance, and service expectations*.

Record of Action on Next Page to be completed by Rotary Club Leadership Only

Record of Action as to Proposed Member (to be completed by the Secretary and/or Membership Chair of the Rotary Club of Salida):

Name of Proposed Applicant: _____

Application received by Membership Chair: _____

Vote by membership: _____ Approved _____ Not Approved

Date Submitted to Board: _____

Board Decision: _____ Approved _____ Not Approved

Induction Date: _____

Proposer Notified: _____

Proposed Member Notified: _____

Rotary International & District 5470 Notified: _____

Classification: _____

Membership Fee Paid: _____