



APPLICATION FOR MEMBERSHIP

POLIOPUS SOCIETY

Rotary ID Number _____

Rotary Club _____

Club Number _____

Name: _____

Address: _____

City, State, Zip _____

Phone number: _____

Email: _____

I hereby promise to donate every year \$100 or more to Polio Plus Fund at

The Rotary Foundation.

Fulfillment will be based on gifts received between

July 1 – June 30 of each Rotary year.

Signature

email application to linda.rotary6060@gmail.com

Linda Puchbauer, District Foundation Chair