

Wellington Rotary - Corporate Application

Name		DOI	B/	
			ZIP	
			F	
Spouse	Anniversary			
Children & A	ges			
			ZiP	
Representat	ive :1			
			F	
be my duty, if acc and, at all times,	cepted, to exemplify t to abide by the const	he Object of Rotary in itution and bylaws of	nembership. I understand the all my daily contacts and ac the club. I understand that p the official Rotarian magazin	tiv art
_	-	-	20 for the Benevolent Fund a	
			bylaws of the club. I hereby	
_	-		n the member roster and/or o	
	-	_	of Wellington and Rotary Inte ceptance of application as a	
	_	nembers or Board of L		
Signature		Date_		
Board Appd	1st reading	2 nd Fireside Ch	atInducted	
I would like to be	a Sustainer – yes/no	DoubleSustainer – ye	es/no initials	
Classification _		Sponsor		
Nick Name		Phone #'s		
ALL MEMBERS (COMPLETE:			
l would like to jo	oin the following co	mmittee(s): (indicat	e if interested in chairing)	
Fundraisin		Membe	_	
Scholarsh			tional Services	
Communit		Youth S		
Dublic Dal			· Farmdation	