

Rotary Club of Saint Paul #10 **Membership Proposal**

I propose:				
Name				
	First	nitial	Last	
(Last) Company	·		☐ Retired	
Type of Busines	S			
Position or Title				
	Home		Business	
Address				
City, State, ZIP				
Phone				
Cell				
E-mail				
Preferences	Phone: ☐ Home ☐ Business ☐	Cell	Billing E-mail	
	E-mail: ☐ Home ☐ Business		Invoices shall be sent directly to this e-mail (e. g. accounting department) instead of to the member:	
	Billing address: ☐ Home ☐ Bus	siness		
Date of Birth				
Partner/Spouse				
_	First	nitial	Last	
Proposed Classification	Please refer to the <u>Classification Catalog</u> to s	elect a s	uitable classification	
Former Rotary				
membership?	Last Rotary Club name and membership date	es	Previous Rotary membership ID (if known)	
Activities that would enhance consideration				
Proposer				
Name				
			Dete	
Signature			Date	

Please turn over for Candidate's certification and signature.

Candidate

I hereby certify that I am qualified for active membership in the Rotary Club of Saint Paul ("the Club") by my current or retired status as a business or community leader, and by having a place of business or residence within the Club's locality or surrounding area. I give permission to the club to publish my name and proposed classification to its membership.

If accepted for membership:

It will be my duty to exemplify the Object of Rotary in all my daily contacts and activities and abide by the Club's constitution and bylaws.

I agree to pay all my bills according to the <u>Membership Billing Policy</u>, including an admission fee and monthly dues, and understand that the Club makes use of automatic payments.*

I hereby authorize the Club to initiate debit entries to my bank (or other financial institution) account specified below. This authorization will remain in effect until the Club is notified by me in writing to cancel it in time so the Club is afforded a reasonable opportunity to act on it.

Bank account	Туре	☐ Personal checking [☐ Personal savings	☐ Business checking		
Please attach a voided check!	Bank name					
For more options, please use a separate auto pay form.	Routing #	Account #				
	Account					
	holder	Print name as shown on bank ac	ecount			
Foundation Giving	In addition to my Club dues and incidentals, I would like to make a donation to the Saint Paul Rotary Foundation of					
Voluntary – enter 0 if not desired at this time.	monthly:	□ \$10 □ \$25 □ \$50	□ \$100 □ \$			
	annually: withdrawn each	□ \$ November 15	one time: \$\sum \\$ withdrawn upon receipt of the second of the se			
Signature			Date			

Automatic payments are made every month on the 15th for the exact amount of the monthly dues, without additional notification. Twice a year, a detailed statement of the member account will be provided, and any additional balance (e. g. for event fees) will be included in the next payment, no earlier than two weeks after the statement date. Automatic payments will commence after you have received your initial member account statement, which will include your admission fee.

Copy the routing number and account number from a check or deposit slip as follows, or simply attach a voided check here.

Routing number	Account number	Check number
9 digits	typically 8-10 digits	Ignore!
MEMO Flux ctory No	1-50-Site Auction	(and page
1:1240031161	1034388676	1014
	The second second second	

 $Contact: \underline{info@stpaulrotary.org} \cdot Phone \ (651) \ 222-2028 \cdot Fax \ (651) \ 846-5635 \cdot Billing \ inquiries: \underline{accounting@stpaulrotary.org}$

Note: On some

checks, the order of

account and check

number is reversed.

Do not include the check number!

^{*} Automatic payments provide both worry-free convenience for members and more efficient accounting for the club, ensuring that more of your contributions will be available for the Rotary mission.