



The Rotary Club of Cooperstown  
P.O. Box 993  
Cooperstown, New York 13326

Cooperstown Rotary Club annual dues invoice

Member Name: \_\_\_\_\_

*Please select from choices below*

- |                          |  |              |
|--------------------------|--|--------------|
| <input type="checkbox"/> | Annual Membership dues ( <i>by July 1</i> ): | <b>\$125</b> |
| <input type="checkbox"/> | If paid between July 1 and August 31         | \$140        |
| <input type="checkbox"/> | If paid between September 1 and October 31   | \$165        |

Date: \_\_\_\_\_ Amount of dues to be paid: \$ \_\_\_\_\_

**ROTARY FOUR-WAY TEST** "Of the things we Think, Say or Do"

1. Is it the **TRUTH**? 2. Is it **FAIR** to all concerned? 3. Will it build **GOODWILL** and **BETTER FRIENDSHIPS**? 4. Will it be **BENEFICIAL** to all concerned?