



Dues Assistance Application

Rotary Club of Warren
P.O. Box 68
Warren, OH 44483

Name _____

Date _____

Company _____ Position _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Rotary Club of Warren Membership Status: New _____ Renewal _____

Eligibility requirements (must have a least one of these):

Please select all that apply to you

- Under 30 years old
- Works for 501(c)3 nonprofit in Trumbull County with less than \$500,000 operating budget

Reason for Applying:

By accepting dues assistance through the Rotary Club of Warren, you agree to the guiding principles of Rotary which include The Four-Way Test, Object of Rotary, and the Avenues of Service. Each of these principles express a Rotarian’s commitment to service, fellowship, diversity, integrity, and leadership. You also agree to fulfill the expectation of involvement in our Club as outlined below.

- Attend at least two (2) weekly meetings per month
- Participate in at least two service projects
- Volunteer for at least one Rotary Club of Warren organized event
- Participate on at least one committee

By signing you agree that you have read these expectations and agree to them.

Signature

Date

For Rotary Club of Warren Use Only

Date Received Application _____

Board Review Date _____

Approved

Declined

If declined, reason _____