



Rotarian Nora Pou with Four Way Writing Contest Award winners Caroline Roy, Madelyn Shultz, and Kleo Mitrokostas.

The Rotary Four Way Test:

1. Is it the truth?
2. Is it fair to all concerned?
3. Will it build good will and better friendships?
4. Will it be beneficial to all concerned?


Please mail your membership application to:

The Rotary Club of Wellesley
P.O. Box 81206
Wellesley Hills, MA 02481

- **Emotional Wellness Project** – Wellesley has 6,000 children under eighteen; 500 will experience depression if we do nothing differently
- **Tutoring** - provides after school academic help twice weekly
- **Pancake festival** - funds Little League and local projects
- **Sapling packaging** – funds and supplies Arbor Day in Wellesley
- **Stop Hunger Now** - packs 20,000 meals in Wellesley for distribution
- **Ending polio** - to eradicate polio worldwide
- **Scholarships** – helps pay for college for Wellesley high school students

www.WellesleyRotary.org

www.TheRotarianMagazine.com

Rotary 
Club of Wellesley
www.wellesleyrotary.org

**Join and make a difference
in people's lives - locally,
nationally and internationally**

MEMBERSHIP APPLICATION – PLEASE PRINT

FIRST NAME: _____ MI: ____ LAST: _____ DATE: _____

HOME ADDRESS: _____ ZIP: _____

PHONE: _____ CELL: _____ EMAIL: _____

EMPLOYER: _____ POSITION: _____ PHONE: _____

BUSINESS FAX: _____ HOME FAX: _____

BIRTHDAY: _____ PARTNER/SPOUSE: _____ ANNIVERSARY DATE: _____

SPONSOR: _____ DEGREES: _____ SEND BILLS TO: ____ HOME OR: ____ OFFICE

CHILDREN'S NAMES/AGE: _____

INTERESTS/HOBBIES: _____

COMMUNITY ACTIVITIES, HONORS, AWARDS: _____

PRIOR ROTARY EXPERIENCE? _____

The Rotary Club of Wellesley is organized around five service categories. Please indicate, in rank order, the Service Areas in which you would like to participate: _____ Club Service; _____ Community Service; _____ International Service; _____ Vocational Service; _____ Youth Services

SIGNATURE: _____ SPONSOR SIGNATURE: _____

CLUB PROCESSING Distribution: Membership Chairman, President, Secretary, Treasurer, Rotascope Editor

DATE APPROVED BY BOARD OF DIRECTORS: _____ DATE PUBLISHED IN ROTARSCOPE: _____

DATE INITIATION FEE INVOICED: _____ FEE RECEIVED/MEMBERSHIP EFFECTIVE DATE: _____

PROVIDED WITH SCHEDULE OF FINANCIAL RESPONSIBILITIES: _____

DATE REGISTERED WITH ROTARY INTERNATIONAL: _____ RI MEMBER NO. ASSIGNED: _____ INSTALLATION SCHEDULED FOR: _____