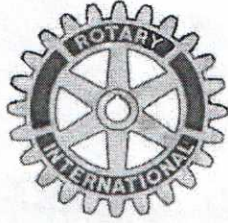


Commerce Rotary Club



P.O. Box 441  
Commerce, Texas 75429

**Rotary Make-Up Form**

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

Date of Meeting Missed: \_\_\_\_\_

Programs Reviewed/Alternative Meeting Attended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: You must spend a minimum of 30 minutes on program review or attending an alternative Rotary or Other Professional Meeting in order to receive credit for a make-up. Please sign below and provide a copy of this make-up form to your club secretary to receive credit for your make-up.