



Service Above Self



Salisbury Rotary Club Membership Application

I, _____ hereby make application to become a member of Rotary.
Should this application be accepted, I agree that I will abide by the bylaws and constitution governing the Club.

Name: _____

Mailing address:

Street: _____ City: _____ State: _____ Zip: _____

Residence address:

Street: _____ City: _____ State: _____ Zip: _____

Business/Employer: _____

Position: _____

Address:

Street: _____ City: _____ State: _____ Zip: _____

Contact phone numbers:

Work: _____ Home: _____ Mobile: _____

Email address: _____

Your birthday: _____

Spouse's name: _____

Referring Rotary member: _____

What skills, talents, abilities, traits or the like do you feel you bring to the club?

Signature: _____ Date: _____

www.salisburvctrotary.org