

## Rotary International Hanover Rotary Club Membership Application

Sponsors information:		
Mike kelly		
Name of Sponsor  MAP M		6/30/22
Sponsors Signature		Date
Rotarian: Upon campletion by you and the	proposed member please forward	this form to the Membership Chair.
Proposed Members Inform	1	41
Heidi	<u> </u>	Wight
First Name	Middle Name	Last Name
Suffix Mr Mrs Miss Ms	s Dr Rev Other_	·
Date of Birth 9,10,76		
Home Address 60 Packi	6 House Rd	
Street Address	PA	17331
City	State	Zip Code
Home Telephone 111 111-140	Home Email NWnght	@ gnalcon Whileto
Spouses Name		Wrights
First Name	Middle Name	Last Name
Children's Names/ages (optional)	Prets = WI	lly, Daisy + Carnt
Activities which would enhance your consid	i deration as a Rotarian:	
If a former Rotarian please list club (s) and	dates State William 1	Downtown fotay
If you are a former Rotarian, are you a Paul		No V

Proposed Members Business Information:			
Traditions Bank			
Company Name Blanch Managel			
Job Title			
Position (please check one) Proprietor Officer Partner Manager  Executive Other Retired  Company Address			
Street or PO Box			
Hanve ft 17331 City State Zip Code			
City State Zip Code  Office Phone 717 637 0063 Cell Phone 717 177 1401 Fax number ( )			
Work Email Address NWnghts @ Hadras bank			
Work Website HUWW: Waditions bank			
Preferred Contact Work Home			
Heral Wyghs 7/8/022			
Proposed members Signature Date			
I hereby certify that I am qualified for membership in both my position and by having a place of business or residence within the club's territorial limits, adjoining territory, or same city in which the club is located.			
I also understand that it will be my duty, if elected to exemplify the Object of Rotary in all my daily contacts and activities and constitutional documents of Rotary international and the club. I agree to pay an admission fee of \$30 (included in the first quested), the terly dues of \$65 and a weekly meal fee of \$12 (billed quarterly), in accordance with the bylaws of the club. I hereby give my lish my name and proposed classification to its membership.	arterly billing), quar-		
To be completed by membership committee:			
Membership Committee: Upon Completion forward form to the membership chair for presentation			
To the Board of Directors for vote.			
Classification as assigned by Membership Committee Signature of Membership Committee	Date		
Signature of Membership Committee, following meeting with proposed member to review privileges and	Date		
Responsibilities of club membership.			
Board Approval			
Signature	Date		