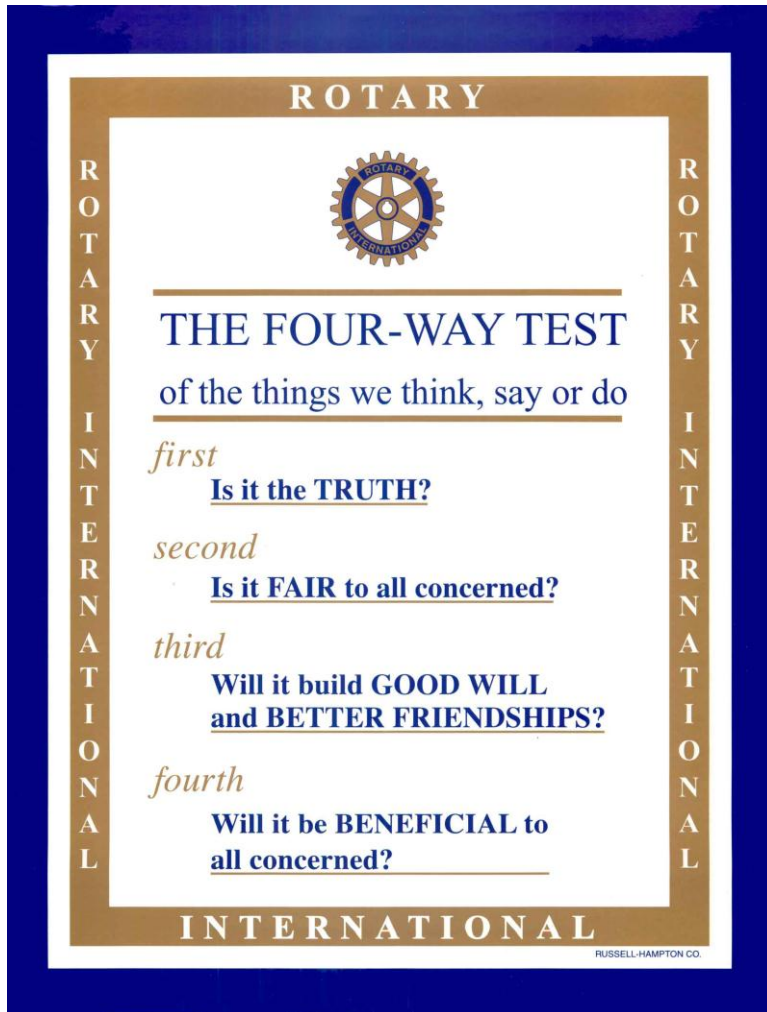
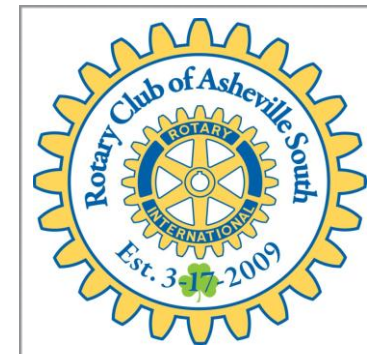


Thank you for your application. Our process requires communicating your name to the membership for discussion and a vote by using email. The membership chair or your sponsor will advise you of the result and when you may be admitted to the Rotary Club of Asheville-South.



Membership Application Rotary Club of Asheville-South



P. O. Box 2214
Skyland, North Carolina 28776

Application for Membership

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Mobile) _____

Phone: (Work) _____ Fax: _____

E-mail: (Personal) _____

(Work) _____

Club Sponsor: _____

Membership Demographic Information

_____ Membership Number (For Office Use)

Month / Year Joined: _____

Membership Type: ___ New ___ Former Rotarian Gender: _____

DOB (month/day/year): _____/_____/19____

Name of Employer: _____

Business Owner: ___ or Position Held: _____

Address: _____ City: _____

State: ___ Zip: _____ Phone: _____ Fax: _____

Company or Business Website: _____

Spouse/Partner Name: _____

Anniversary Date (mo./yr.): _____ Birthday (mo./yr.): _____

Childrens First Names: _____

PARTICIPATION DATA:

___ Charter Member this club ___ Paul Harris Fellow
___ Previous Rotarian ___ Number of years: ___
___ Other Rotary Awards: _____

MEMBERSHIP DUES AND AGREEMENT

Annual Dues + Weekly Meals: \$600.00

___ I am enclosing a check payable to Rotary Club Asheville South in the amount of my annual dues.

___ I would like to be billed and pay quarterly (\$150.00). Please enroll me in the Quarterly Payment Plan, I am paying the first quarter with this application.

Check Number: _____ Amount: _____

MEMBER'S AGREEMENT AND RELEASE

Please Read and Initial:

___ **As a Rotarian, I must attend a minimum of 50% of Club meetings or club sponsored events inclusive of socials. If I am unable to attend a meeting I will attempt to make-up the missed meeting by attending a Rotary meeting at a different club or other qualified function for Rotary and will inform the secretary of this as a make-up.**

___ I understand and agree that if my membership is terminated due to absences, resignation, **lack of payments**, etc. I am responsible for full payment of all outstanding dues, fees, meals and assessments.

___ **I agree to abide by and comply with the Constitution and Bylaws of the Rotary Club of Asheville South.**

___ I agree to the collection, use and processing of the personal information I provide to RCAS in this Membership Application for distribution to the RCAS, Rotary International and RI District 7670, and agree to notify the secretary of RCAS of any change to same.

___ I understand member dues are due and payable on the first day of the first month of each Rotary Club Asheville South (Club) quarter; January, April, July and October.