## *Civitan Membership Application*

An invitation for membership will be extended only after due consideration of the club in accordance with its Constitution, Bylaws, and policies.

### *Rock Hill Civitan Club*

Please Print:

Name_____

Address_____

City_____

State_____ Zip Code_____

Phone ( R) _____

(B) _____

( Cell)_____

email _____

Sponsoring Civitan:_____

**I hereby request membership in the Rock Hill Civitan Club. Upon Acceptance, I agree to be subject to its Constitution, Bylaws, and Official Policies. I agree to pay the sum of $30 as an initiation fee, and to pay the regular quarterly dues of $25 to the club, district, and Civitan International as billed by the club. I understand that $2 of my annual dues shall be applied as a subscription to Civitan Magazine. Mail application and check made out to Rock Hill Civitan Club to Rock Hill Civitan Club, 748 Emorywood Ave. Rock Hill, SC 29730**

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**Applicant's Signature** **Date**