

PolioPlus Society Membership Form



As a Rotarian and supporter of Polio Eradication, Rotary's #1 priority, I wish to participate in this humanitarian endeavor as a member of the PolioPlus Society of Rotary District 6150.

Therefore, I hereby commit to making an annual donation to the PolioPlus program of The Rotary Foundation as follows: (select one)

- I WILL GIVE \$100 PER YEAR** (minimum amount to become a PolioPlus Society member)
- I will contribute \$_____ per year to PolioPlus** (more than \$100)

Society members will receive a PolioPlus Society membership pin and Paul Harris credit. Make your donation online at www.rotary.org/donate and select the Polio Fund or through your Rotary Club. If you make it online, you can set it up as a recurring donation.

Email or mail the completed form to rotary6150@gmail.com or P.O. Box 21843, Little Rock, AR 72221.



Name: _____
Signature: _____
Date: _____
Club Name: _____
Rotary ID: _____
Phone #: _____
Email: _____

PolioPlus Society membership materials will be mailed to your club president for presentation at a club meeting.

