

Merger of Rotary Clubs

Certificate of Agreement and Application

Pursuant to the Bylaws of Rotary International, section 2.050, the following Rotary Clubs have each individually voted to merge together, and hereby apply to the Board of Directors of RI for approval of this merger: *(add or delete lines as needed)*

1) The Rotary Club of _____,
(Full Club Name)

originally admitted to membership in RI on _____, and having a
(Date)

membership ID # of _____;

2) The Rotary Club of _____,
(Full Club Name)

originally admitted to membership in RI on _____, and having a
(Date)

membership ID # of _____;

3) The Rotary Club of _____,
(Full Club Name)

originally admitted to membership in RI on _____, and having a
(Date)

membership ID # of _____.

The above-listed clubs, all located in District No. _____, have individually fulfilled all of their financial and other obligations to Rotary International, and hereby request approval of the Board of Directors of RI to merge into a single Rotary club, to be known as The Rotary Club of

(Name of New Merged Rotary Club)

As a merged club, the charter date will be recognized as _____.
(Select one of the charter dates of the merging clubs, as the charter date for the merged club)

The locality of the new merged club shall be:

Each of the above-listed clubs voted to approve of the merger, to become effective upon approval by the Board of Directors of RI. This agreement is attested to by the president and secretary of each of the above Rotary clubs:

1) _____
(Signature of President) (Date) (Signature of Secretary) (Date)

2) _____
(Signature of President) (Date) (Signature of Secretary) (Date)

3) _____
(Signature of President) (Date) (Signature of Secretary) (Date)

Information Form – Merged Rotary Club

Merged Rotary Club Name: _____
(complete name, including community, state/province/prefecture, country)

District Number: _____

Number of Members in the merged Rotary club: _____
(attach updated list of members, include names and contact information)

Merged Rotary Club Officers:

President _____

Secretary _____

President-elect _____

Treasurer _____

Vice President(s) _____

Sergeant-at-Arms _____

Weekly Meeting: _____
Day of week Time

Place *(include the complete address)*

 Restaurant Hotel Other

Merged Rotary Club Contact Information:

Please provide the merged Rotary club's preferred mailing address, such as a post office box, and other contact details. If necessary, these may be the merged club secretary's address and contact details.

Address

Telephone _____ Fax _____

E-mail _____

Magazine (please check as appropriate):

- Club is in a country excused by RI from subscribing to a magazine; *or*
- There is no change to the individual members' magazine subscription details after merger of the clubs; *or*
- There is a change to the individual members' magazine subscription details after merger of the clubs as follows:
 - Everyone subscribes to THE ROTARIAN; *or*
 - The official regional magazine for this club is: _____
and everyone subscribes to it or THE ROTARIAN.

Club President's Signature

Club Secretary's Signature

Date