

Membership Application

Civitan Club of Salisbury



Civitan International

Applicant's Name: _____
Sponsor's name: _____
Mailing Address: _____
City: _____ State/Province: _____ Postal Code: _____
Home Telephone (area code first): _____ Business: _____ Cell: _____
Email Address: _____ Date of Birth: _____
Employer: _____ Title: _____
Other civic activities: _____

Please consider the following possible areas of interest. At orientation, you will be invited to select which areas are of interest:

Aid to the Developmentally Disabled - Attendance & Fellowship - Awards (Servants Heart, Hero Award) - Boys & Girls Home - Budget & Finance - Club History - Clergy Appreciation - Club Policy - Education & Orientation - Jr. Civitan / Youth - Membership - Projects - Publicity - Scholarships - Social - Special Olympics - Teacher Appreciation - Technology - Candy Boxes - Golf Classic - Day Out With Thomas - Other (please specify) _____

By placing my initials or a check on each line item below, I expressly consent for my personal information, provided in this application, to be transferred to, shared by and processed by the following entities, and I acknowledge and accept the risks associated with such actions. I understand that the countries or locations where the information will be transferred may not provide an adequate level of data protection based on European Union or other nations' standards, and the supervisory authority, data processing principles and data subject rights may not be similarly provided in such countries or locations:

- _____ My local, regional and Civitan International affiliated organizations;
_____ Civitan International, headquartered in the United States; and
_____ Processors of membership data freely engaged by Civitan International at its reasonable discretion.
_____ I consent to Civitan International and its affiliated organizations sending me marketing and fundraising communications, understanding that I can opt out of such communications at any time.

I hereby request membership in the Civitan Club of Salisbury. Upon acceptance, I agree to be subject to its bylaws and policies. I also agree to pay any necessary initiation fees, and regular dues to the Club, Region, and Civitan International, as billed by the Club.

_____ Date _____
Applicant signature

Club secretary: Please keep this form for Club records. Upon acceptance of the new member, please send an Add/Delete form to the Membership Department at International Headquarters.

For use by Transferring and Reinstated Members (includes former Campus Civitans and former Junior Civitans):

Former Civitan club: _____ Date of membership in former club: _____
Name while a member of former club: _____
Club location (city, state/province): _____

All Applicants: Please submit this form to the Secretary or President of The Civitan Club of Salisbury, give it to your sponsor, or it can be mailed to Civitan Club of Salisbury, P.O. Box 171, Salisbury, NC 28145-0171.

Please attach \$50 Application Fee (\$10 for Reinstatements).

The membership fee is \$175 quarterly (\$50 for Project Members). Fees can be billed to a business.