

Rotaract Membership Application

Name:				
1 tuille.		Family Name	First	Middle
Date of birth:				
Home Address:				
Office Address:				
Office Address.				
Telephone/ Fax Numbers:				
E-mail Address:				
Occupational Classification/ Area of Study:				
Areas of interest:		☐ Community Service ☐ International Service ☐ Professional Developme ☐ Youth Service ☐ Club Service	nt	
	1.	Will you take part in 60% of	of the club's social and servi	ce activities? ☐ Yes ☐ No
	2.	Are you willing to pay me	mber dues? □ Yes □ No	
	3.		s) for study and travel abroa	ctors (who are not children or ad. Please indicate if you are a child
		☐ Yes, I am. ☐ No, I am no	ot.	
		tives, and agree to comply	e principles of Rotaract as ex with and be bound by the " tatement of Policy", and by-	
Signature:				
Date:				

 $Rotaract\ club\ secretary\ should\ retain\ this\ form\ for\ club\ records.$