

Membership Form

Please complete this form and submit with payment.
Form can also be scanned and sent to haliburtonrotaract@gmail.com

Name _____

Date of Birth _____

Address _____

_____ Postal Code _____

Place of Work/Occupation _____

E-mail _____

Phone _____ Mobile/Text _____

Preferred Social Media Platforms _____

I am interested in taking a leadership role on the Board of Directors.

Membership Fee including Initiation Fee and Annual Dues till June 30, 2020 are **\$20**

Paid by Cash

e-transfer
(haliburtonrotary@gmail.com)

Square Debit/Credit

Received by _____

Signature _____

By signing this membership form you agree to the sharing your contact information with other members of Rotaract – Haliburton Highlands. Your information will not be shared outside of Rotaract – Haliburton Highlands. Further I agree to allow photographs which may contain my image to be shared on social media and other by Rotaract – Haliburton Highlands for the purpose of promoting our club and our events.