

Membership Application District 7090

Please submit completed copy to: brantfordrotarysunrise@gmail.com

	Applicant	Information	
	Date of		
Name:		Birth: Click here to enter a date.	
Address:			
	Street	City	Province
Contact:			
	Telephone	Email	
Please name Rotaria	n if		
referred:			
What type of Membe	ership are you interested in?		
Corporate			
Introductory /Person	al 🗆		
Spousal			
Youth (under 35)			
	Profession	al Information	
Name of Business/W	ork:		
Type of Profession:		Role:	
(or, I am retired 🗆)		
	More	About You	

Please tell us a bit about your family/home life:

What are you hoping to get out of being a member of Rotary? (ie. Networking, giving back to the community, developing a specific skill, etc..)

What are you areas of interest and hobbies: (We have a variety of committees and activities, so would like to be able to gear you towards what you love!)

What skills do you have that you think you could share as a member: (ie. I'm an awesome planner)

Please list any concerns or questions you have in becoming a member?

Anything else you'd like to tell us? (This is not required, but please feel free to share any additional information):

References

Please provide us with two references and contact information below.

Signature: