

Rotary



Club of West Ottawa

www.rotaryclubwestottawa.ca

MEMBERSHIP PROPOSAL FORM

To be completed by Club Member and presented to Club Secretary
PLEASE COMPLETE IN FULL AND PRINT CLEARLY

(Please check one): Active Membership Honorary Membership Associate Membership

_____ Date of Birth _____
Full name of candidate Day Month Year

_____ Retired: Yes No
Position/Occupation (former position/occupation, if retired)

Name of Business/Organization (former organization, if retired)

Business address: Street no. & name City Postal Code

Business telephone/Mobile Business Fax Business e-mail

Partner's / Spouse Full Name

Home address: Street no. & name Apt. No. City Postal Code

Home Telephone Home Fax Home E-mail

ROTARY EXPERIENCE: If a former Rotarian, list club(s), dates:

Positions held: _____

Other Rotary Experience: _____

Suggested classification: _____

Committee Preferences: _____

(To be completed by the proposer) In the space below, please give your reasons why this person would be a good Rotarian, and attach a brief resumé if available.

Proposer: _____ Mentor: _____ pls use back for additional space

Applicant's Name: _____ Signature: _____ Date ____/____/____

Please complete in full, sign & submit to Membership Chairperson
Received by Secretary: _____ (to be completed by club's secretary)